**PERSONAL INFORMATION DISCLOSURE CONSENT**

**Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I understand and agree that my personal information collected by \_\_\_\_\_{Insert name of Organization} may be disclosed to the following people:

Name:

Relationship:

Phone:

Email:

I understand I may withdraw my consent to any such disclosure about me at any time by giving reasonable notice to {insert Organization}.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant (if 18 years old or older)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (if the Participant is younger than 18 years old)