

PERMISSION TO SHARE CONFIDENTIAL INFORMATION

PLEASE READ THE STATEMENT AND SIGN BELOW TO SHOW YOU UNDERSTAND AND AGREE.

I understand that for SVDP to determine if they can assist, I may need to share confidential information with them. Sharing this information does not guarantee that SVDP will assist. However, if I don't share this information, they may not be able to consider my request.

I give SVDP permission to receive from any and all sources, and to share with any person or organization, any of my confidential information which may be needed or useful for SVDP in relation to the assistance I have requested.

I realize that discussions which occur during a financial aid visit are sensitive, and I will not share details – or the assistance provided with any persons (friends, family, neighbors) not directly involved in the transaction.

As a consideration for SVDP's efforts to obtain the assistance I have requested, I hereby release SVDP from all liability in any way related to receiving or sharing my confidential information.

NAME:

Home Phone:

Cell Phone:

Signature

Date:

"SVDP Representative"

Date:

SOCIETY OF ST. VINCENT DE PAUL (SVDP) – NOTRE DAME KERRVILLE CONFERENCE