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**Further Authorization Form**

I authorize \_\_\_\_\_ to exchange information with \_\_\_\_\_ for  
the purpose of \_\_\_\_\_.

Their contact information:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Print name: \_\_\_\_\_

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

On behalf of (if minor): \_\_\_\_\_

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

Expires: \_\_\_\_\_