

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

The execution of this form does not authorize the release of information other than that specifically described below. Your disclosure of the information requested on this form is voluntary.

I, _____, _____, _____
Full Name (Please Print) Social Security # Date of Birth

authorize whomever it may concern to release to:

Organization: Edo National Association Worldwide (ENAW)

Address: 347 5th Avenue, Suite 1402-248, New York, NY 10016, USA.

The following specific confidential information:

- My academic records
- My professional qualification/ licensure records
- Records of any background checks conducted on me
- Other Information (Specify):

I understand the purpose of this release is:

To enable the ENAW Election Screening Committee make a determination regarding my eligibility to seek elective position into the ENAW Executive Committee.

I understand that **Edo National Association Worldwide (ENAW)** is not contingent upon my decision to permit the release of this information and I have consented freely, voluntarily, and without coercion, and that the above information is accurate to the best of my knowledge.

I understand that I have the right to revoke this authorization at any time except to the extent that action has already been taken to comply with it. Without my express revocation, this consent will expire on:

April - 30 - 2024.

Signature of Applicant

Signature of Applicant

Date