



Bernelli University/Foundation
Authorization to Release Information

Participant's Name _____ Date of Birth: _____

Participant's Company Name _____

I hereby authorize Bernelli University/Foundation and any affiliates to release the following information in their research and publications ***(please check all that apply or make notes that an alias should be used)***.

- _____ My Name
- _____ My Company Name
- _____ My Company's City and State
- _____ My Company's Address

I understand that I may see the information that is to be published, and that I may revoke the authorization at any time by written, dated communication. I have read and understand the nature of this release.

Signature of Participant/
Participant's Designated Representative

Date

Witness

Date