

SIIC Release of Information

Participant Name: _____ **Date of Birth:** _____

I hereby consent and authorize **Dr. Cheryl Forster** and _____
(*individual(s) or SIIC staff*) to maintain verbal and written communication with:

Name of Individual or Organization: _____

Address: _____

Telephone: _____ **Fax:** _____

For the purpose of: _____

I have read and understood this information. Unless revoked in writing, this authorization will
expire in one year from the date it was signed or (earlier) on a specific date: _____.

Signature

Date

Telephone Number

Re: *Summer Institute for Intercultural Communication (SIIC)*