

CENTENARIAN 2020

CONSENT FOR RELEASE OF INFORMATION Senior Citizens Month 2020

I, _____, hereby give the
(Name of Centenarian, Guardian or Family Member)
Division of Senior Citizens, DPHSS permission to release the personal bio-
data information and photograph of _____ for
(Full name of Centenarian)
the purpose of media publication and recognition made through this program
and other local, national or international programs that promote goodwill for
seniors

Signature of Centenarian, Guardian,
or Family Member

Date

Witness

Date

