PERSONNEL 4600F3

V OLUNTEER -- AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:	
I,	
This document is effective until rev	oked in writing by me.
SIGNATURE	DATE
Print Full Name: Print Full Address:	
	Social Security Number:
STATE OF IDAHO, County of	
On thisday of	, 20, before me, a notary public of the State
of Idaho, personally appeared	, known to me to be
the person named in the foregoing	release, and acknowledged to me that
executed the same as	free act and deed, for the uses and purposes therein
mentioned.	
IN WITNESS WHEREOF, and year in this certificate first abo	I have hereunto set my hand and affixed my notarial seal the day ve written.
	Notary Public, State of Idaho County of My commission expires