

Consent for Release of Information

I hereby consent that my name, address, telephone number(s), and e-mail address, as well as any other information that I have provided below, may be released to other 4-H Leaders in Chenango County for the purpose of creating a direct 4-H Leader Contact List and a list of resource people in specific project areas. I also request that a copy of the listings for other leaders be sent to me. This consent shall be considered on going, until such time as revoked by me, in writing, addressed to the 4-H office @ Chenango County Cooperative Extension, 99 North Broad St, Norwich, NY 13815.

Club: _____

Name(s): _____

Address: _____

Phone: _____

E-mail: _____

I am willing to provide guidance and support to other leaders in the following project area(s):

Signed: _____

Signed: _____

Dated: _____