Authorization for
Release of Information

Please circle the information that you would like to have included in:

The Saint Andrew Society of Hawaii Membership Directory	The Saint Andrew Society of Hawaii Official Website
yes / no	Name	yes / no
yes / no	Address	yes / no
yes / no	Home Telephone	yes / no
yes / no	Business Telephone	yes / no
yes / no	Mobile Telephone/Pager	yes / no
yes / no	E-mail	yes / no
yes / no	Photograph	yes / no

I, _____, grant my permission for the above
Print Name
information to be published, and for the use of my photograph and/or name by The Saint Andrew Society of Hawaii without further consideration.

_____ _____
Signature Date

****

For Office Use Only

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Received By Title Date