

# AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the release of my personal information, held under the:  
**UFCW SPRINGHILL TRUSTEED BENEFIT PLAN**

To \_\_\_\_\_ Address \_\_\_\_\_  
(Name of Person)

- without limitation.  
 with the limitations specified below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the following purpose:

\_\_\_\_\_  
\_\_\_\_\_

- This authorization will be in effect for \_\_\_\_\_ days from the date shown below.  
 This authorization is without time limits.

**I understand that all personal information will be kept confidential and secure and will be released only for the purpose(s) identified herein, over and above the other purpose(s) to which I have agreed in other Plan documentation.**

Member Name: \_\_\_\_\_  
(First) (Middle) (Last)

Member S. I. N.: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
day/month/year

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_  
(First) (Middle) (Last)

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_