

# CENTENARIAN 2019

## CONSENT FOR RELEASE OF INFORMATION Senior Citizens Month 2019

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

