Kerry L. Malawista, Ph.D.

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Suite 104 Potomac, MD 20854

McLean, VA 22101 301-983-4541

703-734-1100

Authorization for Disclosure of Information

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby authorize Kerry Malawista, Ph.D.

(name)

to release information to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

(name)

This consent is subject to revocation by me in writing at any time.

I expressly understand and agree that no liability of any nature shall attach to Kerry Malawista, Ph.D. in acting upon this authorization and request.

I further understand that this information cannot be redisclosed without my authorization.

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

(signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)