Kerry L. Malawista, Ph.D.

6842 Elm Street 9421 Thrush Lane

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)