

SafeNet
PO Box 236
Millbrae, CA 94030

Dual Release of Information Form

I, _____, hereby grant permission to Paul Fericano,
YOUR NAME

Director of SafeNet, the Survivors Alliance and Free Exchange Network, to speak with

and discuss my case with _____
NAME OF PERSON TO BE NOTIFIED / TITLE AND/OR NAME OF ORGANIZATION

_____, and, if need be, with others

associated with _____
NAME OF ORGANIZATION

I, _____, hereby grant permission to
YOUR NAME

NAME OF PERSON TO BE NOTIFIED / TITLE AND/OR NAME OF ORGANIZATION

_____, and, if need be, with others

associated with _____ to discuss my case with
NAME OF ORGANIZATION

Paul Fericano, Director of SafeNet, the Survivors Alliance and Free Exchange Network.

This Release of Information shall be in effect for one year from the date below.

SIGNATURE

DATE

YOUR NAME AND ADDRESS