

*The Most Worshipful Grand Lodge of*  
**Ancient Free and Accepted Masons**  
*of the State of Illinois*



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### Waiver/Release of Confidential Information

If an applicant wishes for the Illinois Masonic Outreach Services program to consult with or release information to another individual or agency, the applicant is required to sign a waiver allowing for a release of specified information.

I, \_\_\_\_\_, hereby provide my legal authorization to waive the confidentiality due me by any law(s) and/or organizations of the State of Illinois and/ or the State in which I reside regarding anything considered to be identifying information for the purpose of processing this application for assistance and ongoing maintenance, financial or otherwise. I understand that this waiver shall remain in full effect until revoked by myself in writing and will include only those individuals and information outlined below.

Name/Agency/Organization \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Information to be released to this individual, agency or organization (Be as specific as possible)

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

If additional space is needed please use the back of this page.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date