

# Corrosion Control Consultants and Labs, Inc.

a **GPI** company

## AUTHORIZATION FOR RELEASE OF INFORMATION

*Please Print!*

Company Name: \_\_\_\_\_ Project ID #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail \_\_\_\_\_

I hereby authorize Corrosion Control Consultants and Labs, Inc. (CCC&L) to release the following information:(check all that apply)

- pertinent information contained in my file
- pertinent information relating to a specific project  
Project ID \_\_\_\_\_
- specific laboratory report/s:  
CCC&L submittal number/s \_\_\_\_\_
- other: \_\_\_\_\_

This information may be released to:

*(check one; if not otherwise specified, the release will extend to any individual at the named company)*

- An Individual (Name: \_\_\_\_\_)
- Members of a department within the specified company  
(Department Name: \_\_\_\_\_)
- Any Individual at the specified Company / Institution / Facility

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail \_\_\_\_\_

Signature: *This authorization is valid for the specified amount of time and may be revoked at any time in writing prior to the expiration date. Additional authorization for disclosure beyond recipient is required. Length of time authorization is valid for: \_\_\_\_\_ (if not otherwise specified, the release will not expire).*

Authorized Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title \_\_\_\_\_

*Any photographic or machine copy of this signed form will be legal.*

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