

Request for Information

All fields marked with an asterisk* are mandatory

Your personal information

1. Your full name*: _____
2. Telephone number*: _____
3. Email address: _____

Requesting information for:

1. Full name*: _____
2. Date of birth*: _____
3. Other known names: _____
4. Relationship to individual*: _____

Please read the following carefully.

By signing below I understand that if consent is not obtained for any reason, I will not be entitled to any information from The Go-Give Project or it's volunteers.

Print full name:* _____ Date*: _____

Signature*: _____

For Office Use Only*****

Individual Contacted (Y/N) : _____ Date Contacted: _____

Consents Provided (Y/N) : _____ Method of Consent: _____

Outreach Worker: _____ Signature: _____

NOTES/ALERTS: _____

