13thirty.org

Contact Release Form for 13thirty Cancer Connect

I, _____, give permission to _____ to
(print name) (name of health care provider or institution)

share name and contact information for myself and/or my child to 13thirty Cancer Connect, so they can contact me to introduce their programs and events. I understand that this authorization is voluntary and I may revoke this consent at any time by providing written notice. I understand that I have a right to refuse to sign this authorization.

Signature of Patient or Parent/Legal Guardian: _____ Date: _____

Patient Name: _____

Parent/Legal Guardian Name (if applicable): _____

Patient Age: _____

Phone: _____

Email Address: _____

Please check how you would prefer to be contacted:

- ☐ Text
- ☐ Call
- ☐ Email
- ☐ Ok to leave a voicemail

Return to staff@13thirty.org

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