

# CENTENARIAN 2015

## CONSENT FOR RELEASE OF INFORMATION Senior Citizens Month 2015

I, \_\_\_\_\_, (Name of Centenarian, Guardian or Family Member) hereby give the Division of Senior Citizens, DPHSS permission to release the personal bio-data information and photograph of \_\_\_\_\_ (Full name of Centenarian) for the purpose of media publication and recognition made through this program and other local, national or international programs that promote goodwill for seniors.

\_\_\_\_\_  
Signature of Centenarian, Guardian,  
or Family Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date