

TO: (Name & Address)

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**PERMISSION FOR RELEASE OF INFORMATION:** I hereby authorize the release of the requested information.

Signature Date

Project Owner/Managing Agent

Mail/fax/email form to:

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PLEASE COMPLETE THE FOLLOWING:

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\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$\_\_\_\_\_ or \$\_\_\_\_\_ %

401K Administrator Name: \_\_\_\_\_

Date: \_\_\_\_\_  
Tel. #: \_\_\_\_\_  
Email: \_\_\_\_\_

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.