

Ardmore Enterprises, Inc.

RELEASE OF INFORMATION

I hereby authorize _____
NAME

ADDRESS

to release the following information:

to
Ardmore Enterprises
3000 Lottsford Vista Road
Mitchellville, Maryland 20721

This authorization is valid from the date signed through* _____
DATE

SIGNATURE PRINTED NAME DOB

SIGNATURE PRINT NAME of.. WITNESS or
 GUARDIAN

SIGNATURE PRINT NAME of WITNESS DATE SIGNED

* may not exceed one (1) year from date signed