



EMMNOW LLC
5105 Green Meadow Pl
Sheboygan, WI 53083
eMMNOW.net

EMMNOW Authorization for Release of Confidential Information

I _____ give permission to EMMNOW LLC
(customer of record)

to furnish _____
(name of person/organization receiving disclosure)

the selected services selected in the process

This authorization will expire on _____. (Date)

_____ (Signature of
Customer of Record) (Date)

_____ (Signature of
Witness) (Date)