HOLLINS COMMUNICATIONS RESEARCH INSTITUTE
7851 ENON DRIVE
ROANOKE, VA 24019
540-265-5650 * 855-236-7032 (Toll Free) * 540-265-0386 (FAX)

DATE 7/6/2020

CONSENT TO RELEASE MEDICAL INFORMATION:

I authorize HOLLINS COMMUNICATIONS RESEARCH INSTITUTE, and their representatives, to furnish to:

Jonathan David Allen Moore

My records containing medical history, treatment and/or diagnosed physical conditions, or the result of any test performed. The above listed individual/group may not disclose the information received without my signed consent for each disclosure unless the disclosure is specifically required or permitted by law. This consent shall remain valid for 1 year from the date of my signature. Requested is information regarding:

Jonathan Moore — Printed Name

414418621 — (SSN)

Jonathan Moore — Applicant Signature (or Parent if Applicant is of Minor Age)

Digitally signed by Jonathan Moore
DN: cn=Jonathan Moore, o, ou, email=jdm7dv@virginia.edu, c=US
Date: 2020.07.06 15:39:03 -04'00'

7/6/2022 — Date Signed

Records released: _____
Date

Released by: _____
HCRI

Confidentiality Note: The documents may contain confidential information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the information contained is strictly PROHIBITED. THANK YOU.