INDIANWOOD

INDIANWOOD HOMEOWNERS ASSOCIATION, INC.

CONSENT FOR PUBLIC RELEASE OF INFORMATION

This is a consent for public release of information about the resident indicated below (hereinafter refered to as Consentor):

Please complete and return it at your earliest convenience to the IHOA office in Shaw Hall (to the left of the stage) use the mail slot in the door.

CONSENTOR'S NAME:

CONSENTOR'S EMAIL ADDRESS*:

******In case we have a question regarding your form*

I hereby give consent to the Indianwood Homeowner's Association, Inc. (IHOA) to release the following specific information.

Check the boxes and list the information below.

☐ **NAME(S)**

☐ **BIRTHDAY(S)**

☐ **ANNIVERSARY**

☐ **MAY WE INDICATED MILESTONES (ex. 70th birthday or 65th anniversary)?**

☐ **OPT OUT**
I DO NOT WANT MY INFORMATION PUBLISHED IN THE ARROW

The aforementioned information may be used only for the following purpose:

"THE ARROW" (INDIANWOOD COMMUNITY MONTHLY NEWSLETTER)

Printed Name of Consentor

Signature of Consentor *Date Signed*

FOR INDIANWOOD HOA OFFICE USE ONLY . . . Do not write below here . . .

RECEIVED BY_____ **DATE:**_____