



Save Babies Through Screening Foundation, Inc.

Release Of Information Form

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****Please Print****

Signature: _____ Date: _____

Printed Name (your name): _____

Address: _____

Phone: _____ Email Address: _____

Description of contribution (example: article on Galactosemia, personal story of our experience with MSUD, picture of my child, etc.) _____

Information About Affected Individual

Full Name: _____

Date of Birth: _____ Date of Death (if applicable): _____

Age in Photo (if applicable): _____ Disorder: _____

Was this individual detected at birth through NBS for this disorder? Yes** No

**If yes, which test was it? State Mandated Supplemental

Notes:

- A signed copy of this Release of Information form must be included when you submit your article, story, picture, etc. If you email your contribution, this form can be signed and then mailed separately to the address below.
- Please do not write on the back of photos or use a paper clip to attach it to your letter.
- Please email all stories and/or articles so that they don't have to be retyped.

You may mail, fax and/or email your submission to:

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c/o Terilyn DePaolo
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Port Angeles, WA 98362

Fax: (360) 452-4429
Email: storiypix@savebabies.org

Faxes & Scans are considered Original Documents (Initial): _____