



Authorization and Release

The undersigned, a duly appointed officer of the above-referenced Program, authorizes NCAHC to disseminate the program information provided and acknowledges that the information provided by the Program will be included in the Web site of NCAHC and that NCAHC is hereby released from any and all liability relating to the disclosure of information contained herein. The undersigned also agrees that, unless and until NCAHC is notified by program in writing that information contained on the Web site (www.ncahc.org) is no longer accurate, NCAHC shall have no responsibility for updating information provided on its Web site regarding its program.

Mail or Fax Completed Form To:

Amy Clapp
North Carolina Alliance for Healthy Communities
PO Box 4293
Greensboro, NC 27404-4293
Fax: (336) 698-0703

Name of Program (Please Print): _____

Name of Program Sponsor (Please Print): _____

Signature of Program Sponsor: _____

Title of Program Sponsor (Please Print): _____

Email of Program Sponsor (Please Print): _____

Date Review Completed and Authorization Permitted: _____