**Request for Release of KAGES Member’s Contact Information**

Please use this form if you are a KAGES member with **a valid KAGES membership** and
need access to the member’s contact information.

**The requester details**

|  |  |
| --- | --- |
| Your full name |  |
| Your mail address |  |
| Your email address |  |
| Your phone number |  |
| Your affiliation |  |

**Information requested**

|  |  |
| --- | --- |
| Type of information |  |
| The purpose of your request |  |
| Expected outcomes from using information |  |
| Please confirm that you will keep the information confidential and discard the info as soon as the intended work is done. **Please mark: (** Yes / No **) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

**IMPORTANT:** Please read the form over carefully and be sure you have included all necessary information and documentation.

Please submit the completed consent form and documentation to: support@kages.org. Should you have any questions regarding this form, please contact support@kages.org. Thank you.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_