



CERT INFORMATION RELEASE

LAST NAME	FIRST NAME	VILLAGE/TRACT
ADDRESS		
EMAIL	PHONE	

I authorize Irvine CERT to release the following personal information to other Irvine CERT members. It is understood that my information will only be used for CERT purposes such as call outs, meetings, announcements, carpooling to meetings and events, and other CERT specific activities.

SIGNATURE

DATE



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