

GH Pro

Global Health Program Cycle Improvement Project

AUTHORIZATION TO RELEASE INFORMATION

I, _____ (*insert full name here*), authorize the Global Health Program Cycle Improvement Project (GH Pro) through its partners Dexis Consulting Group and The QED Group, LLC., to verify any information I provide in the GH Pro consultant database and any paperwork I submit to GH Pro. The GH Pro Project will not disclose your information outside of the Project and its implementing partners. This constitutes my consent to disclose any relevant information or records.

I hereby release GH Pro project staff and partner companies from any liability or damage that may result from furnishing GH Pro with requested information.

Signature

Date

Printed Name