# Oziel Grand Chapter

**Order of the Eastern Star, Prince Hall Affiliation**

for the Jurisdiction of New Jersey, Inc.

**Subordinate Chapter:** _____

## AUTHORIZATION FOR RELEASE

**DATE:** _____

**NAME:** _____ **DOB:** _____

**ADDRESS:** _____

**CITY:** _____ **STATE:** _____ **ZIP CODE:** _____

**AUTHORIZATION**

I hereby authorize _____ representing _____ Chapter # _____ Order of the Eastern Star, Prince Hall Affiliation, Inc. Jurisdiction of New Jersey to receive my protected health information and attach it to my petition for membership. This information is to be held in confidentiality and is only to be used for verification of my ability to participate in any required activity.

| **Organization** | **Individual** | **Telephone** |
|---|---|---|

_____ _____ **, 20** _____
**Petitioner** **Date**

_____ _____ **, 20** _____
**Witness** **Date**

This form is to be attached to the petition and placed in the member's record along with the petition for membership. This form can be duplicated if more than one authorization is needed.

_____ _____ **, 20** _____
**Received By** **Date**

*Chapter Seal*