

## **AUTHORIZATION FOR THE RELEASE OF INFORMATION**

THIS AUTHORIZATION is given by \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in favor of Lakes of Mount Dora Property Owners Association, Inc. ("Association");

1. I understand and acknowledge that under Section 720.303(5)(c)(5), *Florida Statutes*, certain personal records and information are not accessible to the members or parcel owners of the Association except where otherwise authorized under Chapter 720, *Florida Statutes* (such as where an individual provides written consent).

2. I understand that by signing this Authorization, I grant the Association permission to release the information defined in section 3 below to members of the Association, and to use the information for the publication and distribution of a resident directory. I understand the directories will be distributed to all Association members. I understand that Association members may distribute or share the directory with non-members of the Association. As a result, I understand that my information may be seen by the general public as well.

3. I hereby waive my statutory and privacy rights to limit access to this information, and authorize the Association to release to its members, and thereby the general public, only the following information about me: (Please check each box that applies.)

	<b><u>Release</u></b>	<b><u>Do Not Release</u></b>
a. Electronic mailing (e-mail) addresses;	<input type="checkbox"/>	<input type="checkbox"/>
b. Telephone numbers;	<input type="checkbox"/>	<input type="checkbox"/>
c. Name and property address; and	<input type="checkbox"/>	<input type="checkbox"/>

4. Until my consent is revoked by written notice to the Association, I authorize the release of my personal information defined in section 3 above for the resident directory, and any and all updated or subsequent directory.

5. I hereby release, remise and forever discharge the Association and its directors, employees, and agents from any and all claims, causes of action, suits, actions and liabilities of every nature and kind whatsoever arising from, as a result of or in any way related to the aforementioned authorized release of information.

The undersigned has read and voluntarily signs this Authorization for the Release of Information and further agrees that no oral representations or statements have been made to or relied on by me.

Name of Owner/Member: \_\_\_\_\_

Signed: \_\_\_\_\_

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