

Privacy Policy Declaration

As required by the Privacy Regulations, I hereby acknowledge that I have reviewed a current copy of the Tri-Cities Church of Christ "Privacy Policy". I have read the policy and understand my rights contained in the notice concerning the collection, use and release of personal information.

By way of my signature, I provide the Tri-Cities Church of Christ with my authorization and consent to use and disclose my protected personal information for purposes as described in the Privacy Policy.

Signature

Name (Please Print)

Date MM / DD / YYYY

Signature of Witness

Name of Witness (Please Print)

Date MM / DD / YYYY