

Colburn-Keenan Foundation, Inc.

2024-2025 Marcy Shulman Memorial Organization Grant Program

**CONSENT TO ALLOW RELEASE OF PROTECTED
AND/OR PROPRIETARY INFORMATION**

Organization Name:

Mailing Address:

City, State, Zip:

Phone:

Fax:

Email Address:

Website:

I, _____,
(person authorized to sign and title – please print)

give consent, and hereby authorize the following individuals and/or organizations:

Name of Person and/or Organization**	Address	Phone Number

** Include individual who submitted reference letter as well as any other collaborating organizations or stakeholders in proposed project (add additional sheets if needed)

To send information to, receive information from, talk with, fax information to, email with, and otherwise answer questions needed in the course of grant review by:

Colburn-Keenan Foundation, Inc.
P.O. Box 811
Enfield, CT 06083
Phone: 800-966-2431 Fax: 888-345-0259
admin@colkeen.org

**CONSENT TO ALLOW RELEASE OF PROTECTED
AND/OR PROPRIETARY INFORMATION (*continued*)**

INFORMATION DISCLOSURE: All records, including financial and organizational, may be shared with, released to, provided to, etc. the Colburn-Keenan Foundation. Staff from the Colburn-Keenan Foundation may discuss financial and organizational information with those persons and organizations listed above to assist in the review of our grant application process.

RE-DISCLOSURE PROHIBITED: This information has been disclosed to the Colburn-Keenan Foundation from records which may be protected by state and/or federal laws that protect confidentiality. These laws prohibit making further disclosure of this information without the specific written consent from the person about whom it pertains, or as otherwise permitted by state law.

I release each of the above-mentioned companies, agencies, medical offices, records bureaus, organizations, individuals, etc. and the Colburn-Keenan Foundation staff and counsel from all legal responsibility or liability that may arise from authorized release of this information. I understand that I may revoke this consent at any time.

This consent covers the period time beginning March 1, 2024 and September 30, 2025.

This consent expires on September 30, 2025 unless otherwise specified.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Pursuant to section 4945(g) of the Internal Revenue Code and section 53.4945-4 of Treasury Regulations, the above information needed by the Colburn-Keenan Foundation ("Foundation").

The information requested is intended for the sole use of the Colburn-Keenan Foundation, and entity to which it is addressed, and may contain information that is privileged, confidential, and exempt from disclosure under applicable law.

The Colburn-Keenan Foundation is a charitable organization. The Foundation is tax-exempt under section 501(c)3 of the Internal Revenue Code and is eligible to receive tax-deductible contributions in accordance with Code section 170. All donations are tax-exempt to the extent allowed by law.