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PROTECTED PERSON RECEIVER FORM – MOD IV DATA
P.L. 2020, C. 125 (“DANIEL’S LAW”)

I, [Please print name] _____, hereby certify that I am requesting the disclosure of information protected under Daniel’s Law.

I further certify that I am employed by

_____ and I am requesting the protected information for the purpose of:

I further certify that I have obtained the prior consent of the Protected Person and will only use the requested information of the stated purpose.

I further certify that neither I, nor my employer, shall disclose the requested information to a third party.

I hereby certify that the above foregoing statements and information provided by me are true and accurate, and that if they are willfully false, I am subject to punishment.

Signature

Title

Date

