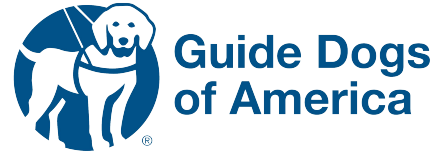


GUIDE DOGS OF AMERICA



Release of Information

I hereby authorize and request any agency, physician, school or individual to release to:

Guide Dogs of America, Inc.
13445 Glenoaks Blvd., Sylmar, CA 91342

Any medical, psychological, educational or vocational records you may have in your possession pertaining to my application for training with a guide dog.

This information is for the purpose of evaluating my eligibility for services from Guide Dogs of America.

Print Applicant Name:

Applicant Signature:

Street Address:

City, State, Zip:

Telephone:

Date: