



(To be completed by individual or authorized representative)

Name of Requesting Party: \_\_\_\_\_

Current Email Address of Requesting Party: \_\_\_\_\_

### ACO I & II Enrollment information

Relevant Date Range(s): 2024-2025

List the names, email addresses, and signatures of each individual consenting to the release of information under the singular context described above.

Email Address

Signature

[illegible]