

Bulk Information Release Form

(To be completed by individual or authorized representative)

Please fill out the following form to authorize the release of multiple records, documents, or verification details from NACA. This form allows the release of bulk information to multiple recipients as specified below.

Name of Requesting Party:		
Current Email Address of Req	uesting Party:	
Type(s) of Information to be I	Released:	
ACO I & II	Enrollment information	
Relevant Date Range(s):	2024-2025	
Recipient Information		
List the names, email address of information under the sing	es, and signatures of each indivular context described above.	ridual consenting to the release
Recipient Name	Email Address	Signature