

# Electronic Communication Authorization

I authorize CODI to electronically communicate with me.

I understand that the requested communication method may not be secure, and at risk for unauthorized viewing.

I agree that my typed name below will serve as electronic representation of my signature.

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Consumer Name (Print)

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Consumer Signature

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Date

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Guardian Signature

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Date

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Staff Signature

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Date

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**Withdrawing Authorization:** I hereby withdraw my authorization for CODI to electronically communicate with CODI.

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Consumer Signature

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Date