



AUTHORIZATION FORM

- This Authorization form is required for access to be granted on your company's behalf to the party/company listed below. Please list the company name and/or any subsidiaries that you wish to give third party/parties access.
- All signatures and contact information need to be from the authorizing party/company.
 - If form is returned via fax, please provide signature information (including actual signature) and contact information.
 - If form is returned via e-mail, please send from authorizing party's company domain email. The email domain address will act as the signature in this case, so it must come from the authorizing party.

Please send email to jvampler@emllab.com or fax to 276-679-6549

Additional Company spellings or subsidiaries: ALL MUST BE LISTED

_____ authorizes _____ to
Authorizing Company Name Third Party Company Name/Names

receive information concerning:

This authorization will remain valid until notified differently.