

# CONTACT INFORMATION FORM

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Government Issued ID (Type): \_\_\_\_\_

Government Issued ID (Number): \_\_\_\_\_

## Contact Information:

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Residential Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

## Emergency Contact Information:

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## LEGAL NOTICE AND CONSENT

By providing the information requested on this form, you affirm that all data is accurate and complete to the best of your knowledge. You understand that this information will be used solely for legitimate business purposes and will be handled in accordance with applicable United States laws governing privacy and data protection. You consent to the collection, use, and disclosure of your personal information as described herein. You also acknowledge that any false statements or misrepresentations may result in legal consequences. This form and its contents shall be governed by and construed in accordance with the laws of the United States. Nothing contained herein shall be construed as a waiver of any legal rights or remedies available under applicable law.

**SIGNATURE**

**DATE**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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