



Authorization to Release Information

The Firemen's Association of the State of New York is currently sponsoring a first-of-its-kind study on cancer in the volunteer fire service. To make the study scientifically valid, we need data from at least 50,000 current and former volunteer firefighters. Once completed, the study will assist the medical community to design effective cancer prevention, treatment and screening programs for volunteer firefighters.

A team of researchers from Northwell Health is conducting the study for FASNY and they need your help. The release below allows your department to send some basic information to the cancer study team. The information that is sent will be stored in a secure database and will not be shared with anyone else. Every member of the fire department can participate regardless of health status. **No personal medical information is being requested. This information will only be used to cross reference the existing data in the NYS Cancer Registry.**

PLEASE MAKE COPIES, COMPLETE AND RETURN THIS FORM TO AN AUTHORIZED REPRESENTATIVE OF YOUR DEPARTMENT

I hereby authorize the

(Fire Department/District/Company/etc.)

to release the following information on my behalf my relative's behalf to the researchers conducting the **FASNY-Northwell Volunteer Firefighter Cancer Study:**

- ♦ Complete name
- ♦ Date of birth
- ♦ Address
- ♦ Sex
- ♦ Status at fire department
- ♦ Fire department service dates
- ♦ Date exempt/resigned

By signing this form, I certify that I have the authority to release this information for the individual named below.

Firefighter's Full Name:

Signature:

Date:

A district or departmental representative will submit the roster information on behalf of all members. No firefighters should submit their own information to the study team. The study team will not contact individual members or their families.