



The Mutual UFO Network, Inc.

(MUFON International)

Standard Release Form

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Witness.....: _____

In consideration of my interest in furthering the investigative purposes of MUFON International, I hereby consent to any recording of myself on videotape, film, audio tape, paper, digital medium, or any other means, by said Mufon International, its agents, servants, or employees. I authorize the use of such recordings for any proper and legitimate investigative, educational, or other purpose by the MUFON organization.

I acknowledge MUFON's ownership of this program and further agree that MUFON may use my name, likeness, and biography for the purpose of investigation and public education. I warrant and represent that all material furnished by me is my own, or for which I have full authority for such purposes.

Name (please print)

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Witness Signature

Date

Thank You for Your Assistance and Participation in this Investigation

MUFON: Dedicated to the Scientific Study of UFO's for the Benefit of Mankind