

## Post-Departure Contact Release Waiver

Supporter Identification Number: \_\_\_\_\_

Supporter Name: \_\_\_\_\_

Beneficiary (Child) Identification Number: \_\_\_\_\_

Beneficiary (Child) Name: \_\_\_\_\_

Having carefully reviewed provided document of things to consider, I hereby release Compassion International, its covenant partners, its area and country offices and its staff from any liability resulting from correspondence exchanged between myself and the beneficiary named above after his/her has departed the Compassion sponsorship program.

*[Please clearly print the contact information you wish to release]*

<b>Mailing Address:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

*To ensure that our field staff will be able to deliver your information to your sponsored child, please return this form within 45 days. Requests cannot be sent any later than six months after the child's exit from the program.*

*To return this form via email, send a scanned copy to [SCRSupport@us.ci.org](mailto:SCRSupport@us.ci.org)*