



**BOB WOODRUFF FOUNDATION**  
Investing in the Next Chapter for Our Veterans

Consent Release Form

I, \_\_\_\_\_ have requested and/or received funding from the Bob Woodruff Foundation's Veteran In Vitro Initiative (VIVA) for my fertility treatment. I hereby consent that \_\_\_\_\_(IVF center) and \_\_\_\_\_(VA center) can share information regarding my medical care and any financial issues pertaining to my fertility treatment, with Ann Philopena, Bob Woodruff Foundation.

Applicant's name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Spouse's name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_