



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 _____