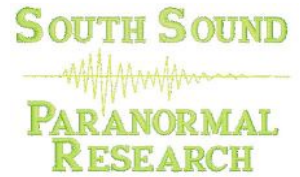


**Information Release**  
South Sound Paranormal Research  
(253) 678-4285  
[www.ssprri.org](http://www.ssprri.org)



This form is intended to insure the privacy of all individuals associated with the investigation conducted on this date(s) of \_\_\_\_\_, at the location owned by [print name] \_\_\_\_\_. All personal information connected to this investigation will be kept confidential by all researchers, investigators, and members of South Sound Paranormal Research. Use of this form is to grant permission to those involved with the investigation to allow the use of the city and state location on our website, in books or in future media venues.

All information that is released, or published, will only be used on the condition that the exact location and true identities of witnesses and clients are not published or revealed unless requested by parties involved.

**Other comments and requests:**

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Property owner/Trustee/Responsible party)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Case manager/Director)