



Centenarian Project  
510 E 12th Street, Ste. 2  
Des Moines, IA 50319-9025  
515.725.3333 | 800.532.3213  
[www.iowaaging.gov](http://www.iowaaging.gov)

## Centenarian Registry Application & Release of Information Form

Please complete this form in its entirety and submit it to the address above by Aug. 12, 2016. The form is not valid if it does not contain your original signature or that of your guardian or authorized representative. Retain a copy of the signed form for your records.

**I HEREBY AUTHORIZE THE IOWA DEPARTMENT ON AGING TO USE THE FOLLOWING INFORMATION TO ENTER ME INTO THE IOWA CENTENARIAN REGISTRY:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

I live: At Home  In a Facility

*By signing below, I hereby authorize the Iowa Department on Aging to enter the information provided on this form into the Iowa Centenarian Registry and further give permission to the Iowa Department on Aging to use the information provided to contact me by mail about the Centenarian Project. I understand that I may revoke this authorization in writing at any time. The revocation will take effect the day it is received in writing. The revocation will not affect information that has already been disclosed. I further understand that, because the Iowa Department on Aging is not a health care provider, health plan or health care clearinghouse covered by federal privacy regulations or a business associate of these entities, the information above will become a matter of public record, may be disclosed upon request and is not protected by federal privacy regulations. This authorization will expire upon revocation, change of residence or passing of the centenarian.*

\_\_\_\_\_  
Signature of Centenarian/Guardian/Authorized Representative

\_\_\_\_\_  
Date