

**Second Wind Lung Transplant Association, Inc.  
Lung Transplant Center Liaison**

**Applicant Endorsement**

**To Be Completed By Applicant:**

Applicant's Name: \_\_\_\_\_

I hereby authorize the release of medical information to a representative of Second Wind Lung Transplant Association, Inc.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**To Be Completed By Transplant Center:**

I hereby acknowledge that the above listed applicant adheres to the medical plan set forth by his/her transplant team.

\_\_\_\_\_  
Name of person completing this form

\_\_\_\_\_  
Transplant Center Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you have any concerns regarding this applicant volunteering as a Liaison for Second Wind at your Center, please so indicate in the space below. A copy of the Liaison job description is attached for your information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for returning this completed, signed and dated form directly to Second Wind Lung Transplant Association, Inc. at 3440 Halliday Ave., St. Louis, Missouri, 63118.