



**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:

Cheryl Keeler, President
2781 Chateau Circle
Columbus, Ohio 43221