

Authorization Form for Data Release

To ADCES:

On (today's date) _____,
Our program (DPRP Program name) _____ authorizes
ADCES to allow access to (The "Sponsor")
_____ in order for them to be
able to view our DPRP program's Diabetes Prevention Program data that we have entered into
ADCES's DAPS® online data portal*.

*Please note, the "Sponsor" will only be able to view the data in a de-identified aggregate format (only) and will not be able to make any edits to the existing data.

DPP Program information:

DPP Program Name (as listed on CDC DPRP Registry): _____

DPRP Code: _____

Organization Name (if different from Program Name): _____

Address: _____ City: _____ State: _____

Program Coordinator: _____

Program Coordinator's E-mail: _____ Phone: _____

I HEREBY GIVE MY PERMISSION TO RELEASE THE DESIRED INFORMATION:

Name (Print)

Title

Signature

Date