



Release Authorization

This form must be filled out and signed if the sperm is to be delivered to a non-medical address.

The undersigned hereby authorizes Cryos International – USA LLC to deliver donor sperm directly to:

_____ for her exclusive use.
(Print Recipient Name)

Physician's signature: _____

Date: _____

Print Physician name: _____

Address of Physician office:

Physician office telephone number: _____