2200 N. Alafaya Trail, Suite 550 | Orlando, FL 32826 | USA | Phone: +1 407 203 1175

E-mail: usa@cryosinternational.com | Fax: +1 407 270 7361



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 director:	
	for her exclusive use.
(Print Recipient Name)	
Physician's signature:	
Date:	
Print Physician name:	
Address of Physician office:	
Physician office telephone number:	