

NonID Donor Identifying Information Release Request

I, _____ (Donor), request that my identity and contact information be released to any offspring resulting from my donations when the offspring reaches the age of 18 and requests such information. When the offspring requests my information, I agree that Cryobank will release to the offspring my full name, date of birth, last known telephone number(s), email address(es), physical address and other information that I have agreed to release. If Cryobank receives a request from the offspring, Cryobank will confirm the identity of the child to the best of its ability. I understand that only the offspring can request this information and that the recipients of my donations can never obtain identifying or contact information about me directly from the Cryobank. I also understand that once my identity and contact information are released to any offspring, I cannot change my mind about releasing this information.

I agree not to attempt to discover the identity of recipients for whom I am donating. I understand and agree that I will not be named on the birth certificate of any child born using my semen donation. I understand and agree that I will have no legal relationship to any child born, nor will I have any legal rights or obligations to any child born through my donation. In the same way I understand and agree a child born will have no legal relationship with me, no rights and no obligations to me. I agree not to pursue any parental claim to any child that may be born from my semen donation, including seeking knowledge or information about whether a child was born. I agree not to attempt to contact the child or children, or any recipients. I agree not to seek visitation rights, nor seek to establish a parent-child relationship with any child born as a result of my donation.

This agreement shall be binding upon the parties and their respective assigns, heirs, executors and administrators. This represents the entire agreement between the parties concerning the subject matter, and there are no understandings, agreements, or representations other than as herein set forth. This agreement shall be construed in accordance with the laws of the Commonwealth of Virginia, USA.

I agree to all terms as listed in this Agreement.

Donor Signature					
Date					
Print Donor Name (First Middle Last)					
Address Line 1					
Address Line 2					
City		State		Zip Code	
Phone Number 1			Phone Number 2		
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Email Address					

Donor Number _____

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To be completed by Notary			
State of		County of	
<p>The foregoing instrument was acknowledged before me, this _____ day of _____, 20____ by (Name of client) _____.</p>			
Notary Public Name			
Commission Expires		Seal	<i>Faxed copies are accepted if the notary seal is a stamp and not an embossed seal.</i>

To be completed by Cryobank Staff	Initials	Date
Reviewed for completeness by		
DS-005 F.002 box checked on Donor Card		
Note added to Lab Comments on GEMS Donor Card		

Donor Number _____