

CONTACT INFORMATION RELEASE FORM

In LULAC's ongoing effort to protect our Members, no information will be published on the National Website. This release form recognizes that internal sharing of information for official LULAC business may, from time to time, be required.

I hereby grant permission for my contact information, detailed below, to be used for official LULAC business and shared with responsible parties. This permission shall be terminated when I leave the specified office or retract this permission, whichever occurs first. It is the duty of the council president or designated representative to keep contact information up-to-date for current officers. Name: E-mail: Address: _____ City, State, & Zip: _____ Phone Number: Council Web Address: Council Issue Areas (check all that apply): ☐ Civil Rights ☐ Education ☐ Employment ☐ Health ☐ Public Policy ☐ Immigration ☐ Technology ☐ Women's Issues ☐ Economic Empowerment ☐ Climate Change Submitted by (required): Printed Name: _____ Council Number: ____ Signature: _____ Date: ____