

## APPROVAL TO RELEASE DATA

Data Area/Function to Be Released to APQC (Please Note All That Apply)

_____ Product Development	_____ Other (please specify all other areas below)
_____ Supply Chain	_____
_____ Human Capital Management	_____
_____ Information Technology	_____
_____ Financial Management	_____
_____ Innovation	_____
	_____

### Authorization and Signature

By signing below, I signify that 1.) I am authorized to execute agreements on behalf of my organization; 2.) I am authorized to release, to APQC, data on behalf of the organization noted below; and 3.) the data I am submitting is, to the best of my understanding, valid and accurate This form must bear a signature for it to be considered valid.

### Information on contact and organization for which data is being submitted:

Organization name \_\_\_\_\_

Contact person \_\_\_\_\_

Contact job title \_\_\_\_\_

Contact email address \_\_\_\_\_

Contact phone number \_\_\_\_\_

### Information on contact and organization submitting data (including authorized signature):

Organization name \_\_\_\_\_

Contact person \_\_\_\_\_

Contact job title \_\_\_\_\_

Contact email address \_\_\_\_\_

Contact phone number \_\_\_\_\_

Authorized signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit this form electronically to [osbc@apqc.org](mailto:osbc@apqc.org), via fax to: +1-713-681-8578.

