

ALCOR LIFE EXTENSION FOUNDATION

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Alcor's Mission: The Preservation of Individual Lives



Consent to Publish a Cryopreservation Press Release

I, _____, hereby give my consent for Alcor to publish a press release upon my cryopreservation, to be distributed as determined by Alcor at the time of cryopreservation. I understand that Alcor staff will be authoring the document and have the right to edit or change any submitted materials as they see fit. I further understand that newspapers which print the press release may alter its contents to suit their needs, and that Alcor has no control over these actions.

(Optional) Please include a press release to the following specific newspaper(s) or website(s) at the addresses indicated:

My Alcor membership number (if already assigned): _____

Date: _____

Signature: _____