



**MILE HIGH UNITED WAY 2-1-1  
AUTHORIZATION FORM**

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I, \_\_\_\_\_ ,  
(Director's Name)

have reviewed the information listed on all programs and services within my organization,

\_\_\_\_\_  
(Organization Name)

and hereby authorize the use of information on my organization for referrals generated by United Way 2-1-1.

I agree to review my organization's listing in the database twice a year and to update my organization's information in the 2-1-1 database as soon as changes occur.

\_\_\_\_\_  
(Director's Signature)

\_\_\_\_\_  
(Date)

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Are you interested in finding out how many referrals 2-1-1 provides and what they're for? How about caller demographic and statistic information? If so, check "Opt In" and include your email address, phone number and signature below to be added to our monthly 2-1-1 Report distribution list.

Opt In:

Recipient Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return with Organization/Program information to:

Mile High United Way 2-1-1  
2505 18th Street  
Denver, CO 80211-3939