



GRAND LODGE OF IOWA



ANCIENT FREE & ACCEPTED MASONS

_____ Lodge No. _____ at _____, Iowa

AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION

On _____ (date) I, _____ (Printed name) do hereby authorize a review, full disclosure and release of any and all records concerning myself to any duly authorized representative of the Grand Lodge of Iowa A.F. & A.M. [Grand Lodge] or one of its subordinate lodges, whether the records are of a public, private or confidential nature, including criminal history, with the following understandings:

1. The information reviewed, disclosed, or released may be used by a duly authorized representative of the Grand Lodge or one of its subordinate lodges to conduct a thorough background investigation regarding me, my business practices or my business entity and for any other lawful purpose.
2. I release the providers and users of the information collected pursuant to this authorization from any liability under state or federal privacy laws and further release the Grand Lodge, its subordinate lodges, agents and employees from any liability which may be incurred as a result of the collections and use of the information.
3. If this authorization is not sufficient to obtain access to certain records, it is understood that I may be requested to execute some other appropriate authorization or release. Any failure to grant said authorization or release will be taken into consideration by the Iowa subordinate lodge in their review of my petition for the Degrees of Masonry.
4. I understand that I may revoke this authorization in writing at any time. Any such revocation of this authorization will be taken into consideration by the Iowa subordinate lodge in completing their background investigation.
5. This authorization will automatically expire one year from the date it is signed.
6. A photocopy of this authorization will have the same force and effect as the original.
7. **Confidentiality**
 - a. **Confidentiality Obligations.** The Receiving Party agrees to hold Confidential Information in confidence in accordance with the terms of this Agreement.
 - b. **Non-Use.** The Receiving Party agrees to use Confidential Information solely in accordance with the terms of this Agreement.
 - c. **Definition of Confidential Information.** "Confidential Information" shall include all [material] [non-public] [business-related] information, written or oral, disclosed or made available to Receiving Party, [directly or indirectly,] through any means of communication [or observation] by [Disclosing Party [or any of its affiliates or representatives] to [or for the benefit of] Receiving Party.

(TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC)

I hereby acknowledge this authorization, _____
 _____ (Signature) _____ (Date of Birth)

 _____ (Printed Name)

State of Iowa
County of _____

This certificate was acknowledged before me on or about the _____ day of _____, 20 _____

(Notary signature)

(Notary Seal)