The Great Atlantic & Pacific Tea Company 2 Paragon Dr Montvale, NJ 07645

AUTHORIZATION FOR RELEASE OF PRESCRIPTION RECORDS

I,_____, request that THE GREAT ATLANTIC & PACIFIC TEA COMPANY, INC.,
(Print your name)
AND SUBSIDIARIES, provide me with a copy of its prescription records on file for _____
(Name(s) of person(s) whose records are requested)

Date of Birth: _____

Social Security#:_____

Records Requested: (check one)

DATE RANGE FROM _____TO_____ *OR* ALL AVAILABLE_____

RECORDS WILL BE MAILED TO HOME ADDRESS BELOW

PLEASE ATTACH A COPY OF DRIVER'S LICENSE WITH SIGNATURE.

I certify that I am authorized to obtain a copy of the records requested because of the following relationship between such person and myself:

___I am the person whose records I am requesting.

___Parent of a minor child for whom I have joint/shared custody DOB: _____

___Legal Guardian (attach copy of document)

___Power of Attorney (attach copy of document)

I agree to indemnify THE GREAT ATLANTIC & PACIFIC TEA COMPANY, INC., AND SUBSIDIARIES, against any claim, loss, liability, or damages (including attorney's fees) which may be caused by THE GREAT ATLANTIC & PACIFIC TEA COMPANY, INC.'s releasing to me the information requested.

_____ _____
(Signature) (Date)

_____
(Mailing Address) (City) (ST) (Zip)

_____ _____
(HOME PHONE) (CELL PHONE)

Mail or fax this form with supporting documentation attn Jaclyn Coladonato to:

Address:
THE GREAT ATLANTIC & PACIFIC TEA COMPANY
2 PARAGON DR
MONTVALE, NJ 07645

FAX:
201-571-8335