Maryland and Virginia Milk Producers Coop. Assn., Inc Consent to release information	
*Producer Number	
*Producer Name	
*Producer Address	
Producer Phone Number	
<ol> <li>Final statements for milk months</li> <li>Quality Statements for milk months</li> <li>Equity statements for Year ending</li> </ol>	ssn., Inc will disclose the above listed information to:
I understand that my signature authorizes Mar	ryland and Virginia to release the above information.
*Producer's Signature	
Mail the signed form to:	Email the signed form to:
Maryland and Virginia Milk Producers Attn: Sarah Cunningham 10115 Kincey Avenue Suite 190 Huntersville, NC 28078	scunningham@mdvamilk.com