

Donor Semen Specimen Return Authorization

This signed, dated and notarized authorization must be received by Fairfax Cryobank, Inc. to complete your request.

We recommend returning this form via USPS Certified Mail to ensure that it reaches its intended destination at Cryobank

The purpose of this Authorization is to document the Client’s permission and authorization for the return of stored donor semen specimens to Fairfax Cryobank, Inc., hereafter referred to as Cryobank.

I, _____ (the Storage Client) want **all** vials of the donor semen specimens _____ (donor number) **returned** to Cryobank for a 50% refund of original purchase price/vial. **I understand that this refund only applies to vials that have not left the Cryobank Facility. This option is only available for owners of anonymous or ID Option donor semen; it is not available to owners of Client Depositor or Directed Donor semen.** Please provide the refund by check to the address provided at the end of this Authorization, or to the following credit card: **Change existing account information as indicated below**

Cardholder Name: _____

Card Type: _____ Card Number: _____ Exp. Date: _____

Name _____ *Account Number* _____

Address _____

City _____ *State* _____ *Zip* _____

Telephone (home) _____ *(work)* _____

(cell) _____

Signature: _____ *Date* _____

Below to be completed by Notary:

State of: _____ County of: _____

The foregoing instrument was acknowledged before me, this _____ day of _____, 2___ by _____
(Name of Client)

Notary Public: _____

My Commission Expires: _____ Seal: _____

Faxed copies are accepted if the notary seal is a stamp and not embossed seal.