

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.