

## ANGEL TREE® INFORMATION UPDATE FORM

I hereby affirm that I am the parent of the child/children identified on this application form (my children) and that these children are not older than 18. I also affirm that I have the full legal right and authority to provide the information and to grant the authorization granted on this form, and that I am not subject to any court order, federal or state law or regulation, other legal requirement, or any administrative rule: (1) preventing my contact with any person who currently has legal responsibility for and/or custody of any child listed on this form. By disclosing the information on this form, I hereby authorize Prison Fellowship to use this information in connection with its Angel Tree® ministry and programs and to disclose any such information (in whatever way[s] and format Prison Fellowship chooses) to any others, such as churches, other ministries, and individual volunteers, who may be participating in or assisting any Angel Tree programs. Please sign in this box to provide approval and agreement that you meet requirements to participate in Angel Tree.

	BMITTED A COMPLET							
	GN HERE	YOU M	UST S	IGN HERE	: !	SIGN HERE	Date M M	/ D D Y Y
7.			ast Name			Your Prisoner ID N	lumber	
Na	me of Prison					Prison In	side Address (Unit, S	Section, Block, Cell, Bunk, etc.)
			1 1 1					
	Street Where Your Childre	en Lived (From Ori	iginal Enrollm	ent Form)				
OLD ADDRESS	City					State ZIP		
				1 1 1 1				
	Primary Phone - Area Code First		Secondary Phone - Area Code First		Other Phone - Area Code First			
	Caregiver Name							
			$\Box$					
	Caregiver Email Address							
	Street Where Your Children Live Now							
ESS	City					State ZIP		
$\alpha$								
DD	Primary Phone - Area Coo	de First		Secondary Phone - A	rea Code First	Oth	er Phone - Area Cod	e First
NEW A								
	Caregiver Name							PRISON FELLOWSHIP
								Attn: Angel Tree 44180 Riverside Parkway, Lansdowne, VA 20176
	Caregiver Email Address							PRISON FELLOWSHIP
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