

## **Consent to Transmit Subscriber Information** to the National Lifeline Accountability Database

I, \_\_\_\_\_\_ [print full name], give my consent to Golden West Telecommunications to transmit to the federal National Lifeline Accountability Database (a federal database which is also being used for proper administration of the ACP) all subscriber information that I submit in applying for the monthly ACP discount benefit, including, but not limited to, the following: subscriber's full name; full residential address; date of birth; telephone number associated with ACP service; date the ACP discount was initiated; date the ACP discount is terminated, if it has been terminated; amount of support being sought for subscriber; and the means through which subscriber qualified for the ACP. I understand that failure to provide this consent will result in a denial of the Affordable Connectivity Program benefit.

Signature:	Date:	

Contact Phone:	

Contact Email: \_\_\_\_\_