



Official FertilityCare App Registration Release Form

Thank you for decision to register for the official FertilityCare App!

By signing this statement, you give permission for your FertilityCare Teacher to submit your preferred registration name and email address to the 3rd party, the Saint Paul VI Institute Publications Department, for the sole purpose of initiating your registration process for the FertilityCare App.

Prior to registering, please inform your Teacher of the email address you prefer to use with the App.

Once you have registered for the App, all of your information is protected on a secure, HIPAA-compliant server.

Signature _____
By typing your full name, you are submitting a digital version of your signature.

Date _____

1. Please return this signed statement to your FertilityCare Teacher.
2. Once received, your FertilityCare Teacher will send digitally your preferred App registration email to the Saint Paul VI Publications Department.

Thank you.