



Mail Release Agreement Form

West Virginia Secretary of State's Office

Authorization Agreement

As a registered participant of the **Address Confidentiality Program**, I hereby authorize the **West Virginia Secretary of State's Office** to receive certified, registered, or restricted mail delivered in my name to **PO Box 5399, Charleston, WV 25361**. Appropriate personnel may sign for any and all mail that comes in my name. I also authorize the **West Virginia Secretary of State's Office** to be my agent for service of process.

Further, I agree not to hold the **West Virginia Secretary of State's Office** responsible for any delay or loss of mail due to incorrect or incomplete information supplied by me or any state agency.

This agreement will remain in effect until the **West Virginia Secretary of State's Office** receives a written notice of cancellation from me or until I am removed from the **Address Confidentiality Program**.

Participant Information

Name of ACP Participant: _____

Authorization No: _____

Signature of Participant/Guardian: _____

Revised 9/30/09

**Please return this form to:
Address Confidentiality Program
PO Box 5399
Charleston, WV 25361**