

I WOULD LIKE TO CONTINUE A.A. ON THE OUTSIDE AND WOULD  
LIKE TO HAVE A TEMPORARY CONTACT.

(Please Print) Fill-out form completely. Thank you.

FULL NAME: \_\_\_\_\_

ADDRESS UPON RELEASE: \_\_\_\_\_

CITY STATE ZIP CODE

PHONE NUMBER ON RELEASE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELEASE DATE: \_\_\_\_\_

FACILITY: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

CITY STATE ZIP CODE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAIL THIS COMPLETED FORM TO:

SOUTHEASTERN PA INTERGROUP ASSOCIATION

444 NORTH 3rd STREET

SUITE 3E-B, BOX A-2

PHILADELPHIA, PA. 19123-4179

Office: 215-923-7900; Fax: 215-923-7133

OR EMAIL TO: [TREATMENTFACILITIESDIRECTOR@ASEPIA.ORG](mailto:TREATMENTFACILITIESDIRECTOR@ASEPIA.ORG)

Website: [www.asepia.org](http://www.asepia.org) or [info@asepia.org](mailto:info@asepia.org)