



Consent to Transmit Subscriber Information to the National Lifeline Accountability Database

I, _____, give my consent to Consolidated 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: _____

Print Name: _____

Contact Phone/Email: _____

Account/Phone Number: _____

For Office Use Only:

Date Received: _____ Time Received: _____

Consolidated Telephone Company

Curtis Telephone Company

Consolidated Telco, Inc.

Sodtown Communications, Inc.

Consolidated Telecom, Inc.