

**Form 2-Physical Evidence Release**

**FOR MUFON FIELD INVESTIGATOR USE ONLY**

CMS Case No: \_\_\_\_\_ CMS Event Date: \_\_\_\_\_ Form Signed  
Date: \_\_\_\_\_

I, \_\_\_\_\_ hereby release to MUFON International the items noted below for the purpose of advancing the research, investigation, educational, instructional, or promotional activities of MUFON International. I warrant that I am the sole owner of these items.

**Please choose one of the two options below and initial your choice:**

(\_\_\_\_\_) I hereby give any and all rights that I may have in the item(s) listed below to MUFON International.

(\_\_\_\_\_) I wish to retain any and all ownership rights that I may have in the written documentation, photos, or video recordings, or physical samples/artifacts listed below.

**If I have chosen to retain my ownership in the items below:**

(a) I recognize that some material may be used for testing and that such testing may be destructive to the point that no material remains.

cannot, however, be responsible for items that may be stolen by third parties, lost in transit, or other events beyond its control.

(c) By signature of the MUFON International representative below, MUFON International acknowledges my rights of ownership and will return these items (or such portion of the item that remains after testing) to me as soon as is reasonably practicable.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Name (please print)**

**Address:** \_\_\_\_\_ **Apt/Suite #:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Signature of MUFON International Representative:** \_\_\_\_\_

*MUFON's mission is the scientific study of UFOs for the benefit of humanity.*