

DECLARATION OF US CITIZENSHIP / RESIDENCY

DisclosedRx Cost Savings Program Enrollment

1. My full legal name is: _____
2. **I am a Citizen or Legal Resident of the United States**
3. I am over 18 years of age.
4. I reside at: _____
5. My shipping address is (*No P.O Boxes allowed*): _____

6. I give my permission to enroll me in DisclosedRx's Cost Savings Program and to secure my prescription from my prescriber.
7. I have attached a true and correct copy of my state-issued driver license or identification card.

I affirm under penalty of perjury that the above is true and correct.

Signature: _____

Print Name: _____

Dated: _____

**Insert/paste copy of
state issued driver
license or
identification card**