



Date: ____/____/____

I, _____ of, _____, Century Village East in Deerfield Beach, Florida authorize Allied Universal Security Professionals to allow Care Givers, Nurses or Doctors to be allowed access to CVE property and my residence for the care of my health.

I release Allied Universal Security and its Security Professionals of any liability due to the individuals listed below to be allowed into Century Village East and my Property.

I give this authorization of my own free will, and I have also been instructed on how I can arrange to obtain a caregiver's pass for the above said personnel.

Resident's Signature

Name of Caregiver, Nurse or Doctor

Security Witness Print

Employed By

Security Witness Signature

Approved By