The United Leukodystrophy Foundation (ULF) is updating our Family Communication Network.

If you wish to remain active, or to participate in the ULF Family Communication Network, please fill out and return the form below by 2/20/04.

2004 Family Communication Network Consent Form

I hereby give permission to the United Leukodystrophy Foundation to release my name, address, telephone number, and email address to **members only** of the United Leukodystrophy Foundation for the express purpose of strengthening family support and establishing more direct communication between leukodystrophy families.

Name(s)_____

Address_____ Phone_____

_____ E-Mail_____

Type of Leukodystrophy _____

I am/We are:

[] Parent
[] Patient
[] Spouse
[] Grandparent
[] Sibling of patient
[] Other relative_____
[] Other_____

I/We wish to network with:

[] like-leukodystrophy families
[] any leukodystrophy family in my area
[] other adults with _____

Special experiences to share (optional):

[] Bone marrow transplant
[] Experimental therapy (type)_____
[] Multiple affected children
[] Single parent
[] Chose to tube feed patient
[] Chose not to tube feed patient
[] Terminated pregnancy w/affected child
[] Continued pregnancy w/affected child
[] Families with adult patient
[] Sibling who wishes to communicate w/other siblings
[] Step-parent
[] Grandparent raising
[] Divorce after diagnosis
[] Second Opinion Program
[] Adopted patient
[] Grandparent to Grandparent
[] Institutional placement of patient
[] Other_____

Please return this to: ULF, 2304 Highland Drive, Sycamore, IL 60178