

Information Release Authorization

Constellation Energy Corp

Serves Commercial and Industrial Electric Commodity Accounts in the following Utility Territories: (Please check all that apply to your accounts)

Central Hudson Gas & Electric (10 digits)	Consolidated Edison (15 digits)
National Grid (10 digits)	New York State Electric & Gas (N01 plus 12 digits)
Orange & Rockland (10 digits)	Rochester Gas & Electric (Starts R01, plus 12 digits)
PSEG/Long Island Power Authority	

UTILITY ACCOUNT NUMBER(S) OR POD ID(S)			
(together "Constellation") to request and receive information information, consumption history; billing determinants; cred program enrollment and performance information; and inteconomic development or other incentives I hereby affirm the entity for which I am signing and (b) the account number are a true and current listing of the account numbers/POD ID in effect for the later of six (6) months from the date herein may rescind this authorization at any time by provide at 1-888-262-4648. By signing this Agreement, I authorize Utility and for procuring and scheduling the transmission services purchased by us to the Utility's system. By checking this box the signatory indicates that s/he is an through a written agreement with the Customer to consent to the	ion for Constellation Energy Corp, its affiliates and agents a from the applicable utility regarding the past 24 months of billing it information; public assistance status; historical demand response formation pertaining to PSL § 33, tax status and eligibility for that (1) I am authorized to sign this Authorization on behalf of (a) rs/POD IDs listed, and (2) the account numbers/POD IDs provided as assigned by the applicable utility. This authorization shall remain or for as long as an energy supply agreement remains in effect. I ing written notice to Constellation or calling Constellation are you as our agent for receiving your billing information from my in and ancillary services necessary to deliver electric generation agent for the Customer identified below and is granted the authority the release of the information identified above to electricity suppliers.		
Signature:	Date:		
Signatory Name:	Signatory Title:		
Customer's Legal Name (include DBA, if applicable):			
Sales Tax Exempt: Yes No			
CUSTOMER'S NOTICES ADDRESS:	CUSTOMER'S INVOICES ADDRESS (if different from Notices)		
Attn:	Attn:		
Phone:	Phone:		
Fax:	Fax:		
Email:	Email:		