

# Authorization to Release Information Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Contact: \_\_\_\_\_

Recipient's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Contact: \_\_\_\_\_

**Subject:** Authorization to Release Information

Dear \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the release of my personal information as described below. This authorization is granted to \_\_\_\_\_ for the purpose of obtaining and disclosing information related to my \_\_\_\_\_ in accordance with applicable laws and regulations.

1. Information to be Released:

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2. Purpose of Release:

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3. Duration of Authorization:

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4. Parties Authorized to Release Information:

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5. Parties Authorized to Receive Information:

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I understand that by signing this authorization, I am voluntarily releasing my personal information and that once disclosed, the information may no longer be protected by privacy laws.

I release \_\_\_\_\_ its employees, representatives, and agents from any liability arising from the release of this information, except to the extent caused by their willful misconduct or negligence.

I reserve the right to revoke this authorization at any time by providing written notice to \_\_\_\_\_ except to the extent that action has already been taken based on this authorization.

Please find enclosed a copy of my identification document [*optional: specify the type of identification document enclosed*] for verification purposes.

Thank you for your attention to this matter. I trust that you will handle this request in accordance with applicable laws and regulations.

*Sincerely,*

\_\_\_\_\_

\_\_\_\_\_

**Enclosure:** Copy of Identification Document [*optional*]

**Witnessed by:**

\_\_\_\_\_

\_\_\_\_\_