

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:

2. Purpose of Release:

3. Duration of Authorization:

4. Parties Authorized to Release Information:

5. Parties Authorized to Receive Information:

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:

