

Consent for Release of Information

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, residing at **[Your Address]**, hereby give my consent for **[Debt Management Counseling Agency Name]** to release my financial information to the following parties:

- **[Name of Authorized Party 1]** - [Relationship/Organization]
- **[Name of Authorized Party 2]** - [Relationship/Organization]

This information may include, but is not limited to, my income, debt balances, account numbers, and financial status. This consent is given to assist in the management of my financial obligations.

I understand that I have the right to revoke this consent at any time, provided that I give a written notice to the agency. This consent will remain in effect until revoked.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]