

# Authorization for Third-Party Access to Laboratory Test Results

Date: \_\_\_\_\_

To Whom It May Concern,

I, [Your Full Name], born on [Date of Birth], residing at [Your Address], hereby authorize [Third-Party's Full Name] to obtain and access my laboratory test results.

This authorization includes any and all information contained in the laboratory test results, which may be necessary for [Third-Party's Purpose].

Please release my laboratory test results to the following contact information:

Name: [Third-Party's Full Name]

Phone: [Third-Party's Phone Number]

Email: [Third-Party's Email Address]

This authorization will remain in effect until [Expiration Date], unless revoked in writing by me prior to this date.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]