

Authorization for Data Sharing

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], hereby authorize [Authorized Person/Organization Name] to access and share my personal data for [specific purpose] on my behalf. This authorization includes but is not limited to [list any specific data types, e.g., medical records, financial statements, etc.].

This authorization is valid until [insert expiration date] or until I revoke it in writing.

Signed,

[Your Signature]

[Your Printed Name]

[Your Contact Information]