

Personal Information Disclosure Approval

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I, [Your Name], hereby authorize the disclosure of my personal information to [Name of Recipient/Organization] for the purpose of [specific purpose of disclosure].

The information to be disclosed includes [list specific information to be disclosed].

I understand that I can revoke this authorization at any time by providing a written notice to [Recipient/Organization].

By signing this letter, I confirm that I am providing my consent for the aforementioned disclosure.

Sincerely,

[Your Signature]

[Your Printed Name]