

Agreement for Test Results Release

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

City, State, Zip: [Recipient's City, State, Zip]

Dear [Recipient's Name],

This letter serves as an agreement regarding the release of test results. By signing this document, you consent to the release of your test results from [Name of Institution or Organization] to [Name of Receiving Party].

Details of the Test:

Test Type: [Insert Test Type]

Date of Test: [Insert Date of Test]

Consent:

I, [Your Name], hereby authorize the release of my test results to [Name of Receiving Party] at the following contact information:

Name: [Name of Receiving Party]

Email: [Email Address]

Phone: [Phone Number]

This consent is valid until [Insert Expiry Date] unless revoked in writing prior to that date.

By signing below, I acknowledge that I have read and understood the terms of this agreement.

Signature: _____

Name: [Your Name]

Date: _____

Contact Information:

If you have any questions or need further clarifications, please contact me at:

Email: [Your Email]

Phone: [Your Phone Number]

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip]