

Authorization for Release of Test Results

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], born on [Your Date of Birth], currently residing at [Your Address], hereby authorize [Recipient's Name or Institution], to release my test results to the following individual:

Name: [Recipient's Name]

Relationship: [Relationship to You]

Contact Information: [Contact Number/Email]

The specific test results to be released include:

- [Test 1]
- [Test 2]
- [Test 3]

This authorization is valid until [Expiration Date].

I understand that I have the right to revoke this authorization at any time by providing written notice to [Recipient's Name or Institution].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]