

Confidential Information Disclosure Authorization

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Company's Name]

[Company's Address]

Dear [Recipient's Name],

I, [Your Name], hereby authorize the disclosure of my confidential information as outlined below:

Confidential Information:

- [Description of Confidential Information 1]
- [Description of Confidential Information 2]
- [Description of Confidential Information 3]

This authorization is effective as of [Effective Date] and shall remain in effect until [Expiration Date] or until revoked in writing by the undersigned.

Please contact me at [Your Phone Number] or [Your Email Address] should you have any questions or require further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Signature (if sending a hard copy)]