

Authorization for Confidential Information Release

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, born on **[Your Date of Birth]**, residing at **[Your Address]**, hereby authorize **[Recipient's Name or Organization]** to release my confidential information as detailed below.

Confidential Information to be Released:

- [Type of Information 1]
- [Type of Information 2]
- [Type of Information 3]

This authorization is valid until **[Expiration Date]** or until revoked in writing by me.

By signing below, I acknowledge that I have read and understand the terms of this authorization.

Signature: _____

Name: **[Your Full Name]**

Date: _____

Thank you for your attention to this matter.