

# Third-Party Service Authorization for Personal Information Sharing

**Date:** [Insert Date]

## To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby authorize [Third-Party Service Name] to access and share my personal information as outlined below:

- **Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Social Security Number:** [Your SSN]
- **Email Address:** [Your Email Address]
- **Phone Number:** [Your Phone Number]

This authorization is granted for the purpose of [specific purpose for which information is shared] and is effective from [start date] to [end date or "until revoked in writing"].

By signing below, I acknowledge that I have read and understand the terms of this authorization, and I voluntarily consent to the sharing of my personal information as specified.

**Signature:** \_\_\_\_\_

**Printed Name:** [Your Full Name]

**Date:** [Insert Date]

If you have any questions regarding this authorization, please contact me at [Your Phone Number] or [Your Email Address].

Thank you.

Sincerely,

[Your Full Name]