

Consent for Retroactive Benefit Release

Date: _____

To Whom It May Concern,

I, **[Your Name]**, residing at **[Your Address]**, hereby give my consent for the release of retroactive benefits on my behalf.

For the purpose of:

1. **[Specify purpose of benefits]**
2. **[Additional details about the benefits]**

I understand that this consent applies to all records associated with my claim, and I authorize the relevant parties to process this request accordingly.

Should you have any questions or require further documentation, please feel free to contact me at **[Your Phone Number]** or **[Your Email]**.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]