Collateral Release Consent Form

Date: _____

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I, [Your Name], the undersigned, hereby consent to the release of the collateral specified below:

Collateral Description:

[Description of Collateral]

The reason for this release is: _____.

I understand that upon signing this consent form, my rights to the above-mentioned collateral will be relinquished and released to [Recipient's Name].

Please sign below to acknowledge your acceptance of this collateral release:

[Your Name] (Signature)

[Recipient's Name] (Signature)

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]