

Authorization Release for Insurance Claim

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], hereby authorize [Insurance Company Name] to release any and all information pertaining to my insurance claim related to [brief description of claim, e.g., car accident on date].

This authorization includes, but is not limited to, medical records, police reports, and any relevant documentation or communication necessary for the processing of my claim.

I understand that this information will be used solely for the purpose of processing my claim and I am aware that I may revoke this authorization at any time by providing written notice to [Insurance Company Name].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Full Name]

[Your Address]

[Your Phone Number]

[Your Policy Number]