

AUTHORIZATION TO RELEASE INFORMATION

Name: _____

Phone: _____

ID No. _____

Email: _____

Date of Birth: _____

Address: _____

SSN: _____

I, _____, hereby authorize _____ to **{release}** the following information:

I authorize this information to be used for the sole purpose of _____

I understand that this information will be used for _____.

I understand that I can revoke my consent through writing at any time.

(Authorizer's Signature)

(Date)