

AUTHORIZATION FORM FOR RELEASE OF CONFIDENTIAL INFORMATION

To: Name: _____

Address: _____

Re: _____

I hereby authorize _____

To release to _____

The information specified below _____

For the purpose of _____

I understand this information will be used by the recipient only for the authorized purpose and any improper use thereof will result in legal liability.

This authorization shall be valid for _____ days from the date signed, unless formally withdrawn.

Date

Signature

Relationship if other than client