

Authorization for Release of Information Form

This document serves as a lawful consent for the release of specific information by [Organization/Individual Name]. The undersigned hereby agrees to the disclosure of information as outlined below.

Individual's Details:

- Full Name: _____
- Birth Date: _____
- Current Residence: _____
- Contact Number: _____
- Electronic Mail Address: _____

Details of Information Authorized for Release:

- Nature of Information: _____
- Reason for Disclosure: _____
- Designated Recipient: _____
- Recipient's Location: _____
- Contact Information of Recipient: _____

Consent Terms:

- Commencement Date: _____
- Termination Date: _____

By signing below, I acknowledge that I am permitting the release of my personal information as described and can withdraw my consent at any moment by providing a written notice to [Organization/Individual Name], barring any actions already taken in reliance on this consent.

Authorized Signature: _____

Date of Authorization: _____