

# Release of Information Form

## Information of the Individual:

- Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Information to be Released:

- Type of Information: \_\_\_\_\_
- Purpose of Release: \_\_\_\_\_
- Information Recipient: \_\_\_\_\_
- Recipient's Address: \_\_\_\_\_
- Recipient's Phone Number: \_\_\_\_\_

## Authorization Details:

- Effective Date of Authorization: \_\_\_\_\_
- Expiration Date of Authorization: \_\_\_\_\_

I understand that my information will be released as specified above and that I have the right to revoke this authorization at any time by notifying [Organization/Individual Name] in writing, except to the extent that action has already been taken based on this authorization.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_