

Release of Information Form Template

Person/Entity Authorizing Release

- Full Name/Entity: _____
- Relationship to Subject (if applicable): _____
- Address: _____
- City: _____ State: _____ Zip: _____
- Phone Number: _____
- Email: _____

Recipient of Information

- Name/Entity: _____
- Address: _____
- City: _____ State: _____ Zip: _____
- Phone Number: _____
- Fax Number: _____
- Email: _____

Information to be Released

- Contact information
- Medical/Health records
- Educational records
- Financial records
- Employment records
- Other (Please specify): _____

Purpose of the Release

- Legal
- Medical

- Educational
- Employment
- Personal
- Other (Please specify): _____

Expiration of Authorization

This authorization will expire on (Date): _____.

Consent and Signature

- I hereby authorize the release of the above-mentioned information to the recipient named in this form. I understand that this authorization is voluntary and that I may revoke it at any time by providing written notice.
- **Signature:** _____
- **Date:** _____
- **Signature of Legal Representative (if applicable):** _____
- **Relation to Person/Entity:** _____
- **Date:** _____