**Release Permission Form**

#### **Releasing Party Details**

**Full Name: \_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_  
Phone Number: \_\_\_\_\_\_\_\_\_\_**

#### **Recipient Information**

**Name: \_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_  
Purpose of Release: \_\_\_\_\_\_\_\_\_\_**

#### **Details of Information Released**

**☐ Personal Identification Documents  
☐ Employment Records  
☐ Financial Information  
☐ Academic Transcripts  
☐ Other: \_\_\_\_\_\_\_\_\_\_**

#### **Legal Acknowledgment**

**I confirm that the information released is with my full consent and without coercion.**

**Signature of Releasing Party: \_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_**

**Signature of Receiving Party: \_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_**