

# Authorization to Release Client Information Form Sample

The **Authorization to Release Client Information Form** sample is a crucial document used to grant permission for sharing personal or sensitive data with third parties. It ensures compliance with privacy laws by specifying the type of information to be disclosed and the authorized recipients. Using this form protects both clients and organizations by clearly outlining consent parameters.

## Client Information

Client Name:

Date of Birth:

## Information to be Released

- Medical Records
- Financial Records
- Educational Records
- Other (please specify):

## Recipient Information

Recipient Name/Organization:

Recipient Contact Information:

## Authorization Details

### Purpose of Release:

Authorization Expires On:

## Consent

By signing below, I authorize the release of my information as specified above. I understand that I may revoke this authorization at any time in writing.

Client Signature:

Date:

**Submit**