

# Authorization to Release Confidential Information Form

This **Authorization to Release Confidential Information Form** sample ensures secure and legal permission for sharing sensitive personal data. It clearly outlines the parties involved, information to be disclosed, and purpose of the release. Using this template helps protect privacy while facilitating necessary communication between entities.

**Parties Involved**  
Name of Individual (Subject of Information):  
  
Date of Birth:  
  
Information to be Released To (Person/Organization):

**Information to be Disclosed**  
Describe the specific information to be disclosed:

**Purpose of Disclosure**  
State the reason for releasing this information:

**Authorization Terms**  

☐ I understand that this authorization is voluntary and may be revoked at any time in writing.

☐ This authorization is effective until:

☐ I consent to the release of the specified information as described above.

**Signatures**  
Signature of Individual or Legal Representative:  
  
Date:

Submit Authorization

*Please retain a copy of this form for your records.*