

Authorization to Disclose Personal Information Form Sample

The **Authorization to Disclose Personal Information Form Sample** serves as a legal document that grants permission for sharing sensitive personal data with authorized parties. This form ensures compliance with privacy laws while facilitating transparent communication between involved entities. Utilizing this sample helps streamline the process and protect individual rights effectively.

Authorization to Disclose Personal Information

Full Name:

Date of Birth:

Address:

Person/Organization to Disclose Information To:

Type of Information to be Disclosed:

Purpose of Disclosure:

Authorization Expiration Date:

I hereby authorize the disclosure of my personal information as described above.

I understand that I may revoke this authorization at any time in writing.

Signature:

Date Signed:

Submit Authorization