

# Authorization to Disclose Financial Information Form

The **Authorization to Disclose Financial Information Form** sample is designed to grant permission for sharing confidential financial details with authorized parties. This form ensures transparency and compliance with privacy regulations by clearly outlining the scope and purpose of information disclosure. Utilizing this template helps streamline approval processes and protects sensitive data.

Personal Information

Full Name:

Date of Birth:

Address:

Authorized Recipient

Recipient Name/Organization:

Recipient Contact Information:

Information to be Disclosed

Please specify the financial information to be disclosed (select all that apply):

☐ Bank Statements

☐ Tax Returns

☐ Credit Reports

☐ Other (please specify):

Purpose of Disclosure

Explain the reason for this disclosure:

Authorization and Signature

I hereby authorize the above-named recipient to receive the specified financial information. I understand that this authorization is voluntary and may be revoked at any time by providing written notice. This authorization expires on:

Expiration Date:

Signature:

Date:

Submit