

Authorization to Disclose Third Party Information Form Sample

The **Authorization to Disclose Third Party Information Form Sample** is a crucial document that grants permission to share personal or confidential information with authorized entities. It ensures compliance with privacy laws and protects sensitive data during information exchange. This sample form streamlines the process of obtaining clear consent for third-party disclosures.

Sample Authorization Form

Personal Information	
Full Name: <input type="text"/>	
Date of Birth: <input type="text"/>	
Address: <input type="text"/>	
Third Party Information	
Name of Third Party/Organization: <input type="text"/>	
Address of Third Party/Organization: <input type="text"/>	
Authorization Details	
Type of Information to Disclose: <input type="text"/>	
Purpose of Disclosure: <input type="text"/>	
Authorization Expiration Date: <input type="text"/>	
Consent	
<input type="checkbox"/> I authorize the disclosure of the above-mentioned information to the specified third party. I understand this consent can be revoked at any time by providing written notice.	
<input type="button" value="Submit"/>	

Signature

Signature of Individual

Date: _____