

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:

Date of Birth:

Address:

Third Party Information

Name of Third Party/Organization:

Address of Third Party/Organization:

Authorization Details

Type of Information to Disclose:

Purpose of Disclosure:

Authorization Expiration Date:

Consent

☐

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.

Submit

Signature

Signature of Individual

Date: