

Information Release Authorization Form Sample

The **Information Release Authorization Form** sample provides a clear template for granting permission to share personal or sensitive data. It ensures compliance with privacy laws by specifying what information can be disclosed and to whom. This form is essential for both individuals and organizations to protect confidentiality.

Sample Information Release Authorization Form

Personal Information

Full Name:

Date of Birth:

Address:

Information to be Released

Type of Information: e.g., medical records, financial information

Information to be Released To: Name or organization

Purpose of Release

Describe the reason for release

Authorization

I authorize the release of my information as specified above.

Signature:

Date:

Note: This form is provided as a sample template only. Please consult with a legal professional to ensure it meets applicable privacy regulations and specific organizational requirements.