

# Financial Information Disclosure Consent

I, the undersigned, hereby authorize the release and disclosure of my financial information as described below. I understand that this consent allows the designated organization or individual to access and share my financial data strictly for the purposes stated.

Full Name:

Date of Birth:

To (Receiving Organization/Person):

Purpose of Disclosure:

Specific Information to be Disclosed:

Authorization Period (From/To):

☐ I have read and understand this consent and authorize the release of my financial information.

Signature:

Date: