

Financial Information Release Authorization

I, , hereby authorize the release of my financial information as described below.

Date of Birth:

Address:

To:

Purpose of Release:

Type of Information to be Released:

☐ Bank Statements

☐ Tax Returns

☐ Pay Stubs

☐ Other (specify):

This authorization is valid until (MM/DD/YYYY) unless revoked in writing.

Signature: Date: