

Third-Party Records Pickup Consent

I, , hereby authorize the following individual to pick up my records on my behalf:

- Authorized Person's Name:
- Relationship to Me:
- Type of Records to be Picked Up:

I understand that by signing this consent, I am granting permission for the above-named individual to collect my records and that my confidentiality will be maintained in accordance with applicable laws and regulations.

Signature:

Date: