

Approval to Distribute Insurance Records

Date:

To Whom It May Concern,

I, , hereby grant permission to release and distribute my insurance records as described below. Please distribute the following insurance records:

- ☐ Policy Documents
- ☐ Claims History
- ☐ Payment Records
- Other:

Distribute these records to:

Purpose of distribution:

I understand the records will be handled confidentially and only used for the stated purpose above.

Signature:

Date: