

Information Release Agreement

I hereby authorize the release of my personal information as specified below to the individual(s) or organization(s) indicated. I understand that this consent is voluntary and may be revoked by me in writing at any time.

Full Name:

Date of Birth:

Information to be released to (Name/Organization):

Purpose of Release:

Type of Information to be Released:

Duration of Consent:

Signature:

Date:

By signing above, I acknowledge that I have read and understand this Information Release Agreement.