

## Authorization to Disclose Financial Data

I hereby authorize the release and disclosure of my financial information as specified below.

Full Name:

Date of Birth:

Address:

Institution/Person authorized to receive information:

Type of Financial Data to be Disclosed:

Purpose of Disclosure:

Period Covered by Information:

☐ I understand that this authorization is voluntary and may be revoked at any time in writing.

Signature:

Date:

Submit