

External Authorization Consent Document

I, the undersigned, hereby give my consent to authorize the external party described below to access and/or exchange information as specified.

Full Name:

Date of Birth:

Name of External Party:

Type of Information to be Accessed/Shared:

Purpose of Authorization:

Duration of Consent (from - to):

☐ I understand and agree to the terms of this authorization.

Signature:

Date:

Submit