

## Authorization for Information Release

I, [REDACTED], hereby authorize the release of my information as described below.

### Information to be Released

- Medical Records
- Academic Records
- Employment Records
- Other: [REDACTED]

### Recipient of Information

Name/Organization: [REDACTED]

Address: [REDACTED]

### Purpose of Release

[REDACTED]

### Authorization Period

From: [REDACTED] To: [REDACTED]

### Signature

Signature: [REDACTED]

Date: [REDACTED]