

Authorization Form for the Release of Information

I hereby authorize the individual (s) listed below to inquire and receive information:

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Please retain this Authorization Form for Release of Information in your files for future inquiries from the person named above.

(Name)

(Address)

(City, State, Zip Code)

(Signature)

(Date)