

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Company/Organization Name]
[Recipient Address]
[City, State, Zip Code]

Subject: Legal Release of Information

Dear [Recipient Name],

I, [Your Full Name], hereby authorize [Recipient Organization/Individual's Name] to release and disclose the following information:

1. [Type of information - e.g., medical records, employment history, etc.]
2. [Specific details about the information - e.g., dates, nature of records, etc.]

This authorization is effective from [Start Date] to [End Date].

I understand that this information will be used for the purpose of [Reason for disclosure].

I acknowledge that I have the right to revoke this authorization at any time, except to the extent that action has already been taken based on this authorization.

Thank you for your cooperation.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]