

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Release of Information

We hereby authorize the release of the following information pertaining to [Name of Individual or Organization]:

- [Specific Information to be Released]

- [Date Range or Relevant Time Frame]

This information is requested by [Name of Requesting Party] for the purpose of [Reason for Request].

Please be advised that this release is subject to all applicable privacy laws and regulations. If you have any questions or require further clarification, do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]