

****Personal Data Release Form****

****[Your Name]****

****[Your Address]****

****[City, State, Zip Code]****

****[Email Address]****

****[Phone Number]****

****[Date]****

****To Whom It May Concern,****

I, ****[Your Name]****, hereby give my consent for the release of my personal data as outlined below:

1. ****Type of Data to be Released:****

- [Specify the type of personal data, e.g., medical records, financial information, academic records, etc.]

2. ****Purpose of Release:****

- [Specify the purpose for which the data will be used, e.g., legal proceedings, academic research, job application, etc.]

3. ****Recipient of Data:****

- [Name of individual or organization receiving the data]

4. ****Duration of Consent:****

- [Specify how long the consent is valid, e.g., until a specific date, indefinite, etc.]

5. ****Signature:****

- [Your signature]

- [Printed Name]

- [Date of Signing]

By signing this release form, I acknowledge that I understand the nature of the data being released and agree to the terms outlined above.

****Thank you,****

****[Your Name]****

****[Your Signature]****

****[Today's Date]****

****Note:**** Please keep a copy of this form for your records.