

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

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

Subject: Authorization Release Form

Dear [Recipient Name],

I, [Your Full Name], hereby authorize [Recipient Name/Organization] to release my [specific information/documents] to [designated recipient or organization] as per my request.

Details of Information to be Released:

- [Describe the information to be released]

This authorization is valid until [expiration date, if applicable] and can be revoked at any time by providing written notice.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]