

**SAMPLE AUTHORIZATION TO RELEASE INFORMATION FORM**

**[Name and Address of Your Organization]**

**Authorization to Release Information**

Consumer's Name:

Date of Birth:

Consumer's Social Security Number:

I hereby authorize [Name of Your Organization] to (check one):  
\_\_\_\_\_ obtain from the following  
\_\_\_\_\_ release to the following

Name:

Address:

the following documents/information from the records pertaining to services received

Date of Service:

The documents to be released are described or listed as:

The records are required for the specific purpose of:

I understand that my authorization will remain effective from the date of my signature until \_\_\_\_\_, and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

\_\_\_\_\_  
Signature of Consumer/Consumer's Designated Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date