Date: [Insert Date]

To: [Name of Recipient/Organization]
[Address Line 1]
[City, State, Zip Code]

Subject: Written Authorization for Disclosure of Information

Dear [Name of Contact Person or Department],

I, [Your Full Name], hereby authorize [Name of Releasing Entity] to disclose and release the following specific information/records:

[Detailed Description of Information to be Disclosed]

This information should be released to:

Name: [Recipient Name/Organization]
Address: [Recipient Address]
Purpose: [State Reason for Disclosure, e.g., Employment Verification, Legal Proceedings, Medical Review]

I understand that this authorization is voluntary. I also understand that I have the right to revoke this authorization in writing at any time, except to the extent that action has already been taken in reliance on this authorization.

This authorization will expire on: [Insert Expiration Date or Event]

By signing below, I acknowledge that I have read and understood the terms of this disclosure.

Sincerely,

_____
[Signature]

[Your Printed Name]
[Your Date of Birth/Identification Number]
[Your Phone Number]