Sample Authorization to Release Information

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Date]

To Whom It May Concern,

I, [Your Name], hereby authorize [Organization's Name] to release my information, including but not limited to [Specify Information, e.g., medical, financial], to [Recipient's Name and Address], for the purpose of [Specify Purpose, e.g., insurance claim, legal matter].

I grant permission for the release of the specified information as required.

Please consider this letter as my formal authorization for the release of information.

Sincerely,

[Your Signature]

[Your Printed Name]