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| |  | | --- | | **Authority Letter**  Release Information |  |  | | --- | | To  [Receiver Name]  [Receiver Title]  [Addess]  [Email] | |  | | From  [Sender Name]  [Sender Title]  [Addess]  [Email] | | |  | | --- | |  | |  | | Dear [Recipient's Name],    I, [Your Name], hereby authorize [Recipient's Name] of [Organization Name] to disclose specific personal information about me to [Third Party's Name], for the purpose of [state the purpose, e.g., research project, background check, etc.]. The personal information to be disclosed may include but is not limited to contact details, date of birth, and any other relevant personal data necessary for the specified purpose.    This authorization is valid for [duration] from the date of this letter and will automatically expire after that period, unless otherwise specified or revoked in writing.    I trust that the information will be treated with the utmost confidentiality and used solely for the designated purpose. If you have any queries or need further information, please contact me at [Your Email Address] or [Your Phone Number].    Thank you for your cooperation.    Sincerely,  [Your Full Name]  [Your Signature] | |