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| **Authority Letter** | [Email] |
| Release Information | [Address] |
|  | [Phone] |

TO [Receiver Name] [Receiver Title]

**Subject:** Authorization Letter to Release Information

Dear [Recipient's Name],

I, [Your Name], hereby authorize [Third Party's Name] to access and obtain specific information about me from [Recipient's Name]. The purpose of this authorization is to allow [Third Party's Name] to receive and review confidential or private information related to [state the purpose clearly, e.g., medical history, financial records, etc.].

I understand that by granting this authorization, I am allowing [Third Party's Name] to access and use the designated information solely for the stated purpose and within the bounds of applicable laws and regulations.

Details of the information to be released include [specify the type of information, e.g., medical records, financial statements, employment history, etc.], as required for the intended purpose.

This authorization is valid from [start date] and remains in effect until [end date].

Please find my signature below as confirmation of this authorization.

Thank you for your cooperation in this matter.

Sincerely,

[Your Full Name]

[Your Signature]

CC: [Third Party's Name]