✎PROB 74
(9/99)

CONFIDENTIAL INFORMATION RELEASE AUTHORIZATION

INFORMATION RELEASED BY:	INFORMATION RELEASED TO:
Name	Name
Organization	Organization
Address	Address
City, State, Zip Code	City, State, Zip Code

SUBJECT OF RECORD

Name	Date of Birth
Address	Identifying Number
City, State, Zip Code	

Specific Records Authorized for Release (Include dates of records, if applicable.)

Purpose or Need for Release of Information (Be specific.)

I understand that I may revoke this authorization in writing at any time, except where information has already been released as a result of this authorization. Unless revoked, this authorization will remain in effect until the expiration time I have indicated and initialed below.

☐ Authorization expires as of _____ .

☐ Authorization expires _____ month(s) from signature date.

☐ Authorization expires _____ month(s) from signature date.

_____

_____

_____

As evidenced by my signature below, I hereby authorize disclosure of records to the person(s) or agency(s) as specified above.

Signature of Subject of Record	Date
Signature of Other Legally Authorized Person (if applicable)	Date

Relationship to Subject of Record

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