

## AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Date:

To:

You are hereby authorized and requested to mail or deliver to:

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Name

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Address

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either original or copies of the below described documents or confidential information that you may have in your possession:

You may bill me for any costs associated with your compliance with this request and I thank you for your cooperation.

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Signature

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Printed Name

## Acknowledgment Certificate

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
*Month* *Year*

\_\_\_\_\_  
*Printed Name of Signer*

Personally appeared before me as the signer(s) of the attached instrument, and  
he/she/they signed the instrument voluntarily for the purpose expressed in it.

Witness my hand and official seal.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Notary's Name, County, Commission Expiration Date

Signer's identity verified in the following manner:

\_\_\_\_\_ Personally Known

\_\_\_\_\_ Produced Identification