

Formal authorization for official records

Subject: Authorization to Release Information

Dear [Recipient's Name],

I, [Your Name], hereby authorize [Institution/Organization Name] to release my [type of information, e.g., medical, academic, employment] records to [Recipient's Name or Organization] as requested.

This authorization is valid from [Start Date] until [End Date] and includes all relevant documents necessary for processing my request.

Please consider this letter as my formal consent to release the information as described.

Thank you for your assistance.

Sincerely,

[Your Name]

[Contact Information]

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