

GENERAL RELEASE OF INFORMATION FORM

Location: _____ Effective Date: _____

Parties:

Disclosing Party (Name): _____

Receiving Party (Name): _____

1. Authorization to Release Information

The Disclosing Party hereby authorizes the Receiving Party and its agents, representatives, and affiliates to obtain, use, and disclose any and all information pertaining to the Disclosing Party as necessary for the purpose of [insert purpose], including but not limited to personal, financial, medical, and employment information.

2. Scope of Information

This authorization includes the release of records, documents, and any other materials deemed relevant by the Receiving Party, regardless of form or medium, including paper, electronic, or oral communications.

3. Purpose and Use

The Receiving Party agrees to use the information obtained solely for the purpose stated above and not for any unauthorized or illegal purpose.

4. Expiration and Revocation

This authorization is valid until revoked in writing by the Disclosing Party. Revocation will not affect any disclosures made prior to receipt of the revocation. The Disclosing Party acknowledges that certain information may be disclosed before revocation and waives any claims related thereto.

5. Confidentiality and Security

The Receiving Party shall maintain the confidentiality of all received information and take reasonable steps to protect it from unauthorized access, use, or disclosure, consistent with applicable law.

6. No Liability for Disclosure

The Disclosing Party releases the Receiving Party and its agents from any liability arising from the lawful release or use of information pursuant to this authorization.

7. Governing Law and Jurisdiction

This authorization shall be governed by and construed in accordance with the laws of the United States and the applicable state law where the Receiving Party is located. Any disputes arising under this authorization shall be subject to the exclusive jurisdiction of the state and federal courts located therein.

8. Acknowledgment and Consent

The Disclosing Party acknowledges having read and understood this Release, including its scope and legal effect, and consents voluntarily to the terms herein.

DISCLOSING PARTY SIGNATURE

Print Name: _____

Signature: _____

Date: _____

RECEIVING PARTY SIGNATURE

Print Name: _____

Signature: _____

Date: _____

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