

RECORDS RELEASE AUTHORIZATION FORM

Location: _____ Date: _____

I. AUTHORIZATION DETAILS

Full Legal Name of Requester: _____

Government Issued ID (Type and Number): _____

Relationship to Subject of Records: _____

Contact Information (Phone and/or Email): _____

II. RECORDS TO BE RELEASED

Specify the records or information to be released:

III. PURPOSE OF RELEASE

The records will be used for the following purpose(s):

IV. AUTHORIZATION AND RELEASE

I hereby authorize the release of the records specified above to the requester identified in this form. I understand that this authorization is voluntary and that the information released may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy laws. I release the disclosing party, its agents, officers, and employees from any liability that may arise from the release of the information authorized herein.

V. EXPIRATION AND REVOCATION

This authorization shall remain valid until revoked by me in writing. I understand that revocation will not affect any actions taken prior to receipt of the revocation. Unless revoked earlier, this authorization expires one year from the date of my signature.

VI. RIGHTS OF THE INDIVIDUAL

I understand that I have the right to inspect or copy the records to be released, and I may refuse to sign this authorization. I understand that information disclosed pursuant to this authorization could be redisclosed by the recipient and may no longer be protected by law.

VII. SIGNATURES

SIGNER'S NAME

WITNESS' NAME

All notices or communications related to this authorization shall be in writing and delivered by hand, certified mail, overnight courier or electronic means, addressed to the parties at the addresses or contacts provided herein or as otherwise notified.

IX. GOVERNING LAW AND JURISDICTION

This Records Release Authorization Form shall be governed by and construed in accordance with the laws of the United States and the State where the records custodian is located, without regard to conflicts of law principles. Any disputes arising hereunder shall be subject to the exclusive jurisdiction and venue of the appropriate courts located therein.

X. SEVERABILITY

If any provision of this authorization is held to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

XI. ENTIRE AGREEMENT

This form contains the entire agreement and understanding between the parties regarding the release of records and supersedes all prior agreements.

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