



Client Co: _____

Authorization To Release Information

First Name: _____ Last Name: _____ Request Date: _____

Please be advised that I have applied for _____

Please release the necessary information to the following agencies _____

The release in any manner of all information by **Corporate Solutions** is hereby authorized whether such information is of record or not, and I do hereby release all persons, agencies, firms, and **Corporate Solutions** from any liabilities resulting from providing such information.

This authorization is valid for _____ days from the date of my signature below.

A copy of this authorization will be kept in your file.

Employee Signature

Date

Witness Signature

Date

(FOR OFFICE USE ONLY)

Client Company _____

Date Submitted _____

Employee # _____

Form Submitted _____

Completed By _____

Date _____

Method Information was forwarded _____

Agency Name _____

Agency Contact _____

Telephone # _____

Fax # _____