

## Client Authorization to Release Information

Please keep a copy of this signed consent form for your records.

We take the security of our clients' personal financial information seriously – Federal law prohibits us from releasing your non-public personal information to third parties, such as financial planners, banks, attorneys, or bookkeepers, without your knowledge and consent. We use a variety of methods to restrict access to your information, including requiring written authorization from you to release your personal, tax, or financial information to the professionals or individuals you designate. *Please fill out all applicable fields and sign at the bottom of the page.*

**Name of Taxpayer(s)/Company:** \_\_\_\_\_

I (We) authorize Doty Pruettt Wilson, PC to discuss or release the information detailed below to the following third party:

**Designated Third Party**

Name of Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Information to be Discussed or Released**

Limited to (*must specify type of information & year*): \_\_\_\_\_  
\_\_\_\_\_

No limitations

**Purpose for disclosure:** \_\_\_\_\_

**Your consent to disclose the above information, is valid for the following amount of time:**

Until revoked with written revocation       One year from date of signature       \_\_\_\_\_  
Expiration Date

*By my signature below, I certify that I have the authority to execute this form and am a currently authorized signer/owner/or other authorized representative for the below-named individual/entity and that I agree to indemnify Doty Pruettt Wilson, PC against any liability related to improper release of any information in regards to this release:*

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_