LEGISLATIVE BRANCH

RELEASE of PROTECTED INFORMATION
To THIRD PARTY

Name of Releasing Party: _____ Date: _____

Name of Subject of Records: _____
(If different)

Relationship of Releasing Party to Subject of Records: (check one)

_____ Self _____ Legal Guardian
_____ Parent _____ Power of Attorney

Description of Records Released: _____
_____
_____
_____
_____
_____

Name of Receiving Party: _____

Authorization:

I, _____, hereby grant authorization to _____
(Print Name) (Office Name)

to release the above mentioned records to _____.
(Name of Receiving Party)

_____ _____
Date Signature

State of _____)
:ss
County of _____)

SUBSCRIBED AND SWORN to me this ____ day of _____, 20____.

_____
NOTARY PUBLIC

My Commission Expires:

_____