FORM C

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** _____, **199**___.

_____
NOTARY PUBLIC

My Commission Expires:

_____