

Authorization to Release Information

Name of Authorized Entity or Individual: _____
The entity, attorney, or organization representing me

I permit the entity or individual named above to share information with my emergency contacts or legal representatives. This permission extends to my spouse and any children under the age of 18.

I authorize the emergency contact(s) listed below to request and/or receive my documents and/or information that may be in the possession of the entity or individual named above.

Note: If you are under 18 years old, do **not** complete this form. A parent or legal guardian must complete a Release on your behalf.

1. My Information

Full Name: _____

Phone: _____ Email Address: _____

2. The Emergency Contacts with Whom the Authorized Party May Share My Information:

Relationship: _____ Name: _____

Email: _____ Phone: _____ *

Relationship: _____ Name: _____

Email: _____ Phone: _____ *

*** I MEMORIZE THESE PHONE NUMBERS**

3. I Understand:

- I understand that this authorization is valid for a period of five (5) years from the date of submission.
- I understand that I may revoke this authorization at any time by submitting a written request to IRIS.
- I understand that once information is shared, it may no longer be protected by confidentiality laws.

Signature : _____ Date : _____