

Consent Form for Release of Financial Records to Insurance Company

I hereby authorize the release of my financial records, as described below, to the insurance company named in this form for the purposes of claim verification, processing or any related insurance matters.

Full Name:

Address:

Date of Birth:

Insurance Company Name:

Policy Number:

Description of Financial Records to be Disclosed:

I understand that this consent is voluntary and I may revoke it in writing at any time. This release is valid for one year from the date of signing below unless revoked earlier in writing.

Signature

Date

This consent form is for releasing financial records to insurance companies and should be completed fully and accurately.