



# ***Diverse Business Solutions LLC*** <sup>TM</sup>

## **AUTHORIZATION TO RELEASE INFORMATION Diverse Business Solutions LLC**

Client Name: \_\_\_\_\_

Client Business Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby authorize Diverse Business Solutions LLC to:

(check one):  obtain from the following  
 release to the following

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

The following documents/information from the records pertaining to services received:

The documents to be released are described or listed as:

*Disclaimer: One or more forms may be required based upon the required documentation needed.  
Client will hold harmless Diverse Business Solutions LLC and its employee's from any legal action from providing said information referenced above and/or obtained.*

The records are required for the specific purpose of:

I understand that this authorization will remain effective from the date of my signature until \_\_\_\_\_, 20\_\_\_\_ and that all information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may review the information that is to be sent and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

\_\_\_\_\_ Date: \_\_\_\_\_  
Client Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Diverse Business Solutions LLC

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