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Authorization to Release Information

Taxpayer/Client's Name: _____

Social Security Number: _____ Date of Birth: _____

I/We hereby authorize Haro's Business Solutions to (check one):

_____ Obtain from the following: _____ Release to the following:

Name:
Address:
Telephone:

The documents to be released/obtained are described or listed as:

This authorization is only valid for the specific documents listed above and it can only be used for that purpose.

I understand that I may see 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.

Signature of Taxpayer/Client

Date

Designated Representative

Date