# SAMPLE AUTHORIZATION TO RELEASE INFORMATION FORM

**[Name and Address of Lawyer/ Law Firm]**

***Authorization to Release Information***

Client’s Name:

I hereby authorize [Name of Lawyer/ Law Firm] to release to the County of Carleton Law Association, Will Check Service, the following information:

-Client Name

-Client Date of Birth

-Client City, Province and Country of Birth

-Client Last City of Residence

-Year of Will

I understand that the above-noted information will be released to the Will Check Service for the specific purpose of providing, upon request from a lawyer or member of the public, contact information for responsible lawyers who may hold a particular individual’s testamentary documents.

I understand that my authorization will remain effective from the date of my signature until revoked by me, and that the information will be handled confidentially in compliance with the Privacy Policy for the Will Check Service.

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 Client/Client’s Designated Representative Date

Witness Date