**General Agency Release Form**

I, {{ users[0] }} , request and authorize {{ other\_parties[0] }} at {{ other\_parties[0].address.on\_one\_line() }} to share any and all information or documents that may be contained in any file pertaining to me with {{ attorneys[0] }}. This authorization is valid for {{ time\_valid }} from the date of this document.

|  |  |  |
| --- | --- | --- |
| {%p if i == ‘final’ %}  {{ users[0].signature }}  {%p endif %} |  | {%p if i == ‘final’ %}  {{ witnesses[0].signature }}  {%p endif %} |
| Client Signature |  | Witness Signature |
| {{ users[0] }} |  | {{ witnesses[0] }} |
| Client Name (PRINT) |  | Witness Name (PRINT) |
| {{ today() }} |  | {{ today() }} |
| Date |  | Date |