

Consent to Release Information Form

Client Information:

Full Name: _____
Date of Birth: _____
Phone Number: _____
Email: _____
Address: _____

Purpose of Release

I, the undersigned, hereby authorize **Remote Online Notary Public, LLC** to release and/or disclose the following information or documents:

- ☐ Notarized Documents
- ☐ Legal Contracts or Agreements
- ☐ Financial/Real Estate Records
- ☐ Identification Documents (for verification purposes only)
- ☐ Other: _____

This information may be disclosed **to the following party/parties**:

Name/Organization: _____
Relationship to Client: _____
Phone Number: _____
Email (if applicable): _____

Reason for Disclosure (optional):

- ☐ Legal Requirement
 - ☐ Real Estate Transaction
 - ☐ Court or Attorney Request
 - ☐ Healthcare or Medical Records
 - ☐ Other: _____
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Terms of Consent

By signing this form, I acknowledge that:

- I am authorizing the release of my personal and/or legal information to the named party/parties.
- I understand that this consent is voluntary and may be revoked at any time in writing.
- This release is valid only for the specific documents or information listed above.
- Remote Online Notary Public, LLC will take reasonable steps to protect my privacy and will not release any additional information without further consent.
- This release is valid until the date listed below, unless revoked earlier in writing.

Authorization Valid Until: ____ / ____ / ____
(Leave blank for one-time release)

Signature & Authorization

Client Signature: _____
Printed Name: _____
Date: _____

If Authorized by Legal Guardian or Representative:

Name of Individual Represented: _____
Signature of Guardian/Representative: _____
Printed Name: _____
Relationship: _____
Date: _____

Notary Section (If Required):

State of Florida
County of _____

Sworn to and subscribed before me this ____ day of _____, **20**, by
_____.

Notary Public Signature: _____
Printed Name: _____
Notary Seal:
My Commission Expires: _____