



AUTHORIZATION TO RELEASE PRIVATE INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your information to third parties. If you consent to the disclosure of your information, Federal law may not protect your information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one (1) year.

To Whom It May Concern

I authorize High Desert Tax & Accounting, Inc. to release the following information either by fax, telephone, mail, or e-mail:

Form(s): _____

Tax Year(s) if Applicable: _____

Release to Whom/Purpose (check to select):

Bank/Mortgage/Lender: _____

Financial Advisor/Attorney: _____

Attorney: _____

I understand that this authorization is effective when signed by me and will remain in effect for one (1) year unless I specify a set period of time below or file a written revocation of this authorization with High Desert Tax & Accounting, Inc.

Start Date: _____ End Date: _____

Name: _____ Email Address: _____

Sign: _____ Date: _____