



DISCLOSURE AUTHORIZATION

We generally are not authorized to disclose any of your confidential information to third parties without your express written consent. We may only disclose your information to third parties if you consent to each specific disclosure. We will not disclose information for any purpose (except those authorized by law without formal consent) other than that stated in this consent.

I, _____ authorize Walton CPA P.C. to
(client name)

disclose _____
(client information to be disclosed)

to _____
(recipient of the client confidential information)

for the purpose for _____
(intent of the disclosure)

I understand that information may be provided via telephone, mail, email, and/or fax. I am authorizing Walton CPA P.C. to answer questions of the third party about other information I have authorized to be released.

By my signature below, I certify that I have the authority to execute this form and am a currently authorized signature/owner/ or other authorized representative for the below named individual/entity and that I agree to indemnify Walton CPA P.C. against any liability related to improper release of any information in regards to this release:

Signatures: _____ **Date:** _____

Company Name: _____