

GRAMA – Consent for the Release of Information to a Third Party

l,				
(Name	of Individua	al authorizing release)		
authorize				
(Name o	of county age	ency holding the record)		
to release the following information: (de	scription of	records or documents)		
to				
(Name	of individua	al receiving the record)		
I am the subject of the	record.			
I am the legal represen	tative of the	subject of the record. (D	ocumentation attached).	
(Signatu	re of individ	lual authorizing release)		_
Executed this	_ day of		, 20	
State of Utah)	
County of Salt La	ke	subject of the record. (Documentation attackerstate privacy laws and cannot be disclosed e dated more than ninety (90) days before the ual authorizing release)) ss.)	
	Ву			
, 		Notary Pub	lic, State of Utah	
	_	Residing in		_
	_	My commission e	xpires (expiration date)	
Subscribed and sworn to before me this	3	day of	, 20	
by		, known by me to	be the person named abov	æ.