|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I, [Name of Individual], hereby authorize the release of my credit information to: | | | | | | |
| Third party / Organization Name: | | |  | | | |
| Purpose of Credit Release: |  | | | | | |
| Information to be Released: | Credit Report | Credit Score | | Credit History | | Other (Specify): |
| **Authorization Details:** | | | | | | |
| I understand that the credit information being released may include personal financial data, credit inquiries, payment history, and other relevant credit-related details. | | | | | | |
| **Duration of Authorization:** | | | | | | |
| This authorization is valid from [Start Date] to [End Date], unless revoked earlier by me in writing. | | | | | | |
| Signature: | | | | | | |
| By signing below, I acknowledge that I have read and understood the terms of this authorization and voluntarily consent to the release of my credit information as specified above. | | | | | | |
| Signature: |  | | Date: | |  | |
| **Witness (if applicable):** | | | | | | |
| Name: |  | | | | | |
| Signature: |  | | Date: | |  | |