



**Third Party
Information Release Authorization**

Employer Name - _____

Employee Name - _____

Please complete the information below, giving GMR Associates, Inc. authorization to release information regarding your account to the individual (s) designated below:

List Authorized Individuals:

1. _____
(Print Name) (Sign Name) (Relationship)

2. _____
(Print Name) (Sign Name) (Relationship)

I _____ give my authorization to release any personal
(Print Name)

Information regarding my account(s) to the individual(s) listed above.

(Employee Signature) (Social Security Number) (Date)

Please Note:

When any of the authorized individuals listed above contact GMR Associates, they will be required to verify the employee's Social Security Number.

This authorization will remain in effect until modified or rescinded in writing by the employee.