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

I, ____________________________________________________________
(Name of Individual authorizing release)

authorize _____________________________________________________
(Name of county agency holding the record)

to release the following information: (description of records or documents)

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

____________________________________________________________________

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____________________________________________________________________

to _____________________________________________________________
(Name of individual receiving the record)

_____ I am the subject of the record.

_____ I am the legal representative of the subject of the record. (Documentation attached).

I understand that these records are restricted under state privacy laws and cannot be disclosed without my written consent. A notarized release shall not be dated more than ninety (90) days before the request is made.

____________________________________________________________________
(Signature of individual authorizing release)

Executed this _____________________ day of _____________________________, 20____.

State of Utah

) ss.

County of Salt Lake

By ______________________________
Notary Public, State of Utah

Residing in

______________________________________________

My commission expires (expiration date)

Subscribed and sworn to before me this __________ day of ____________________________, 20____

by ____________________________________________, known by me to be the person named above.