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)

____________________________________________________________________________________
____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

(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

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.