SALT LAKE COUNTY
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)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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 )
County of ) ss.

By ____________________________________________
Notary Public, State of Utah

Residing at ____________________________________________

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.