



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

I, _____
(Name of Individual authorizing release, typically Protected Party)

Protected Address: _____

Phone Number: _____ Email: _____

authorize _____
(Name of county agency holding the record)

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

To (Name): _____ Company Name: _____
(Individual receiving authorization to access and review the record(s))

Phone Number: _____ Email: _____

- ___ 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)

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.