



CLIENT AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

The policy of James A. Hillman, CPA is to release information only to the registered owner(s) of a corporation or other business formation. Use this form to give or rescind permission to release your financial information to parties other than registered owners. [This form must be filled out in BLUE ink.](#)

- In section A, select one option and if required, complete any additional information requested.
- In section B, enter the "Printed Name" and "Social Security Number" for each owner or registered representative of the business.

A. Select Option One or Option Two

Option One

___ By marking an X on the line to the left, I authorize the release of my financial information to the parties listed below. All employees of James A. Hillman, CPA may furnish my financial documents to (check one)...

___ My Parents

___ My spouse

___ The persons or entities named below (if more than 2, attach 2nd page)

Name of person(s)

Name of person(s)

Name of business or firm (if applicable)

Name of business or firm (if applicable)

Street Address or PO Box

Street Address or PO Box

City, State, Zip

City, State, Zip

Phone Number

Phone Number

Limitations (if applicable)

Limitations (if applicable)

Option Two

___ By marking an X on the line to the left, I rescind all previous authorizations to release financial information. James A Hillman, CPA is no longer authorized to release my financial information to anyone other than a registered owner or representative.

B. Authorized Signatures – Required for both options

I/We hereby acknowledge our understanding that this release remains in effect until it is withdrawn or replaced by me/us, that it is my/our responsibility to notify James A Hillman, CPA of any changes concerning this release, and that it replaces all prior releases signed by me/us in their entirety.

Important! All owners and/or registered representatives of an entity must sign and date this form. Attach a second page if necessary.

Signature Date

Signature Date

Printed Name Social Security #

Printed Name Social Security #

Mail or hand deliver this form to the offices of James A Hillman, CPA.