



Strategic Accounting Services

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AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

I _____ authorize Strategic Accounting Services to:

_____ release to:

_____ obtain from:

_____ exchange with:

the following information pertaining to myself:

_____ tax returns for years _____

_____ depreciation schedules for years _____

_____ other (specify) _____

_____ other (specify) _____

This consent will automatically expire one (1) year after the date of my signature as it appears below, or on the following earlier date, condition, or event _____.

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

_____ Social Security #: _____

Signature of Client

Date

OR

Date of Birth: _____

Signature of Witness

Date