



## AUTHORIZATION TO RELEASE INFORMATION TO THIRD PARTIES

Dakotaland Financial Services, LLC will only release tax information if this authorization is complete, including signature, date and last four of social security number. This form is only good for the date requested.

(Please Print)

Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_ Title: \_\_\_\_\_

**I am requesting:**

Tax Return Form(s) for tax year(s): \_\_\_\_\_

Other Information (please list): \_\_\_\_\_

**Release Information to:** \_\_\_\_\_

(Person/Company receiving information)

MAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I am authorizing Dakotaland Financial Services, LLC to release above specified Information, in a timely manner, based on the information listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verified By: \_\_\_\_\_