## Driscoll Tax Group, LLC

## Certified Public Accountant

## CONSENT FOR DISCLOSURE OF INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

	AUTHORIA	ZATION	
l,	, authorize	Oriscoll Tax Group, LLC to rele	ase my/our tax returns, tax
information and tax-related d	locuments as detailed below to the	following person(s):	
ADDRESS:			
TELEPHONE:			
Duration of this consent for the	ne purposes marked below (one yea	r if blank):	
Specific tax documents and ir	formation to be released:		
	th is requested return for the following year(s):ecific information:		
I understand that I have a ri writing of my intention to d	ght to revoke this Consent at any lo so.	time by notifying the Drisc	coll Tax Group, LLC in
Client's Name	Signature	Date	
Spouse's Name	Signature	 Date	
	nation has been disclosed or used improperly		