



I, _____, authorize Frost, PLLC to disclose the following information via email, facsimile and/or portal:

Individual/ EntityName(s)	Tax Form(s)	Years	Parts/Schedules to be Disclosed (specify all or list specific schedules)

to an external third-party, namely:

at the following physical address (or email address):

By signing this request form, I hereby agree that I have been duly authorized to make such consent on behalf of the individual(s)/entity(ies) listed above and I agree to waive any permissible legal actions against Frost, PLLC regarding the transmission of the requested information.

By: _____

(signature & title if applicable)

Date: _____

(printed name & title if applicable)

INTERNAL USE ONLY

Request Rec'd By:	Date:
Action Taken By:	Date:
Scanned By:	Date:
<input type="checkbox"/> Engagement	<input type="checkbox"/> Document
Client Number:	