



### DISCLOSURE OF CLIENT INFORMATION (Third Party)

This form authorizes the New Mexico SBDC Program to discuss and disclose information and/or records about you and your business or organization to a third party. Taking this action is entirely voluntary and is not a requirement to receive SBDC services; you are under no obligation to consent to the release of your information to any third party.

I \_\_\_\_\_, (please print)  
owner and/or legally authorized representative of \_\_\_\_\_  
(name of business or organization)  
hereby authorize the New Mexico SBDC Program to release, furnish, provide, exchange and request  
information related to my business or organization to:

#### Authorized Third Party(ies)

Name of Third Party #1: (include the person and/or organization)		Name of Third Party #2: (include the person and/or organization)	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone Number:		Phone Number:	
Email Address:		Email Address:	

I authorize the New Mexico SBDC Program , its offices, employees, contractors, agents and assignees, to discuss and disclose my personal and business information or records to the Authorized Third Party(ies) listed above and hereby authorize the New Mexico Small Business Development Center (NMSBDC) Program to use my name, business name, location, phone number and email address.

I understand this may include and is not limited to business plans, tax returns and financial statements which may include research and development, services, costs, profit margin information, financial projections, customers, clients, marketing, and current or future business plans and models, reports, evaluations, and notes of any kind. This information may be contained in any record keeping system maintained by or on behalf of the New Mexico SBDC Program regardless of whether such information is designated as "Confidential Information" at the time of its disclosure. Further, the New Mexico SBDC has no control over how the Authorized Third Party(ies) will use or disseminate my information.

#### Expiration of Authorization

If applicable, please specify a period of time or the particular transaction for which the authorization is valid. If no expiration date is provided, this authorization will remain valid for a period of 3 years.

Expiration date of authorization:	
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You may revoke this authorization at any time by providing written notice to the New Mexico SBDC. I understand that signing this disclosure of information is not a requirement for receiving continued SBDC Program services.

Signed By: \_\_\_\_\_  
(Client Signature)  
  
\_\_\_\_\_  
(Printed Name)  
  
(Date): \_\_\_\_\_

Signed By: \_\_\_\_\_  
(Client Signature)  
  
\_\_\_\_\_  
(Printed Name)  
  
(Date): \_\_\_\_\_