



**ATTACHMENT U**  
**CY26 – SBDC SERVICE CENTER**  
**RELEASE TO DISCLOSE CLIENT INFORMATION TO 3rd PARTY**

This form authorizes the New Mexico Small Business Development Center (NMSBDC) 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 NMSBDC Program to release, furnish, provide, exchange and request information related to my \_\_\_\_\_: (specific purpose; i.e. LEDA application, JTIP application, DVR funding, etc.)

**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 NMSBDC Program, its offices, employees, contractors, agents and assignees to discuss and disclose my business and/or personal information or records to the Authorized Third Party(ies) listed above and hereby authorize the NMSBDC Program to use my name, business name, location, phone number and email address.

I understand this may include business plans, tax returns, financial statements, research and development, services, costs, profit margin information, financial projections, marketing, current or future business plans and models, reports, evaluations, and client notes. This information may be contained in any record keeping system maintained by or on behalf of the NMSBDC Program regardless of whether such information is designated as "Confidential Information" at the time of its disclosure. Further, the NMSBDC 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 information 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 and/or particular information:	
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You may revoke this authorization at any time by providing written notice to the NMSBDC. I understand that signing this disclosure of information is not a requirement for receiving continued NMSBDC Program services.

Signed By:

\_\_\_\_\_  
(Owner/Legal Representative Signature)

Signed By:

\_\_\_\_\_  
(Owner/Legal Representative Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date): \_\_\_\_\_

\_\_\_\_\_  
(Date): \_\_\_\_\_