

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Phone Number]  
[Your Email Address]

[Date]

[Recipient Name or Department]  
[Company Name]  
[Company Address]  
[City, State, Zip Code]

**Subject: Revocation of Authorization for Disclosure of Personal Information**

To Whom It May Concern,

I am writing to formally revoke any and all previous authorizations, consents, or permissions I have provided to [Company Name] regarding the collection, use, and disclosure of my personal information and private data to third parties.

Please note my account details for identification purposes:

Account Name: [Your Full Name]  
Account Number: [Your Account Number]

Effective immediately, I request that you:

- Cease the sharing of my personal information with any affiliates, partners, or third-party marketing entities.
- Withdraw my consent for any data processing activities that are not strictly necessary for the maintenance of my current account or required by law.
- Update your records to reflect that I have opted out of all data-sharing agreements.

Please provide written confirmation to the address listed above once this revocation has been processed in your system. If there are any specific forms required to complete this request, please send them to me immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]