

To Whom It May Concern:

You are authorized and requested to release to my attorney *Staff Member*, or representative of my attorney, any information or records in your possession or control *relating to or regarding me* including all employment information, educational history, residence history, credit history, medical information, psychological or psychiatric information, or health history pertaining to me, which information is now or in the future will be in your possession or under your control.

The parties to whom the records are released are expressly authorized to copy or receive copies of any records or documents so authorized for release for any purpose related to or arising out of this agreement.

Photocopies and facsimile copies of this Authorization shall be as valid as the original. This authorization shall continue in full force and effect until revoked by me in writing.

X _____
Client Name Date

I, *Staff Member*, attorney for Client, have explained to my client all the terms of this release. My client has stated to me that she fully understands all the terms and their significance, and has signed this release.

X _____
Staff Member Date

Return requested information to:

Agency Mailing Information.