

AUTHORIZATION TO RELEASE / REQUEST INFORMATION

I / we, the undersigned, hereby authorize: _____

To Release / Request: _____

To / From: _____

This authorization expires on _____.

Witness:

Signature

Print Name

Signature

Print Name

Date of Birth SS#

Witness:

Signature

Print Name

Signature

Print Name

Date of Birth SS#

Address

City, State, Zip

Area Code Phone Number

