## AUTHORIZATION TO RELEASE / REQUEST INFORMAITON

I / we, the undersigned, hereb	y authorize:			
To Release / Request:				
T. / F				
To / From:				
This authorization expires on				
This addition expires on			·	
Witness:				
Signature		Signature		
Print Name		Print Name		
Tint Name		Time Name		
		Date of Birth	SS#	
Witness:				
Signature		Signature		
Print Name		Print Name		
		Date of Birth	SS#	
		Address		
		City St. 7		
		City, State, Zip		
		Area Code	Phone Number	