

AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

I, \_\_\_\_\_, having social security number \_\_\_\_\_, born on \_\_\_\_\_, hereby authorize any physician, hospital, medical attendant, psychologist, counselor, or anyone who has health records or reports or evaluations pertaining to me, to furnish full and complete medical reports, psychological or psychiatric reports and/or any other information thereby acquired to my attorney, \_\_\_\_\_. This authorization includes photocopying or examination of **all** records, including but not limited to, psychological and psychiatric reports, testing, raw data, x-ray, reports, opinions, impressions, test scores and evaluations, billings, and the furnishing of any other information, including opinions, which will aid the said attorney in representing me in any proceeding to obtain relief in a court of law.

Your full cooperation with my attorney is requested. You are further instructed to disclose no information to any other person without written authority to do so.

ALL PRIOR AUTHORIZATIONS ARE HEREBY CANCELLED.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_