

## AUTHORIZATION TO RELEASE INSURANCE FILES

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize any member of the law firm of Ramos Law, 10190 Bannock Street, Ste. 200, Northglenn, Colorado, 80260 to receive a copy of the entire insurance file pertaining to any applications for insurance, claims made or benefits paid to, by or on my behalf.


NAME: Cuitlahuac Ambriz

DATE OF BIRTH: March 14, 1990

SOCIAL SECURITY NO.:

In executing this Authorization, I specifically waive any privilege or confidential communication between myself and such insurance companies, but this waiver is solely for the purpose of authorizing the above law firm to obtain this information and no other person or organization.

You may treat a photocopy of this Authorization as a duly executed original for all purposes.

DocuSigned by:  


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\_\_\_\_\_  
Gloribella Ambriz for decedent Cuitlahuac Ambriz

9/25/2023

\_\_\_\_\_  
Date