
AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

I, _____, hereby authorize any physician, hospital, medical attendant, police department, insurance company, employer, or anyone who has records pertaining to me, to furnish full and complete records, reports, and information to my attorneys,

Any information released shall be used to evaluate a legal claim.

Your full cooperation with my attorneys is requested. You are further instructed to disclose no further information to insurance adjusters or any other persons without written authority to do so. All prior authorizations relating to the above-mentioned accident are hereby cancelled.

A photocopy or facsimile of this authorization shall act as an original. This authorization shall remain valid for the entire duration of the case or claims relating to the above-referenced incident or accident. I have been advised of my legal right to receive a copy of this authorization.

Sincerely,

DATE:

Signed: