

AUTHORIZATION
FOR RELEASE OF INFORMATION AND RECORDS

TO: Whom It May Concern

I, _____, hereby give my consent to authorize you to release to my attorney, Michael Rapps, whose address is 930 Broadway, Woodmere, NY 11598, any and all information regarding both personal and financial matters, including, but not limited to birth certificate, marriage certificate, family information, financial investments, stocks, bonds, certificates of deposits, bank accounts, tax returns, retirement accounts, pension plans, insurance plans, or any other personal or financial documents.

I hereby release you from any liability for providing the above-referenced information to my attorney in reliance of this consent.

A photocopy of this authorization shall retain the same force and effect as the original.

Dated: _____

Client Name

STATE OF _____, COUNTY OF _____, ss.:

On the ___ day of _____, 20___, before me, the undersigned, a notary public in and for the state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledge to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual or the person on behalf of which the individual acted, executed the instrument.

Notary Public