



Legal-Ease
Digital Imaging
A Limited Liability Company

P.O. Box 1017
Flint, Michigan 48501-1017
855.534.4003 / 810.234.7799 p
810.547.4030 f

Authorization for Release of Academic Information

School Name & Address: _____

Name of Student: _____ Date of Birth _____ S.S. #: _____

I, the undersigned, hereby authorize the director or designee or the academic records department of the above named facility, to disclose all information and records stored in a paper and/or electronic format of the person identified above, identified by the attached letter or subpoena. I authorize this information is to be released to:

Legal-Ease Digital Imaging
P.O. Box 1017
717 South Grand Traverse, Suite 3
Flint, Michigan 48502

1. I understand this authorization expires twelve (12) months after it is signed. I understand I have the right to revoke this authorization at any time. I understand that the revocation must be done in writing and be sent to the above-named provider of records.
2. I understand that protected information in my records may include drug and alcohol abuse records, psychiatric and/or psychological records, social work records, venereal disease "VD", tuberculosis "TB", hepatitis B, infectious disease communicable diseases and infections, and any information related to HIV/AIDS and AIDS related complex-ARC.
3. I understand this authorization is for the specific purpose of providing my records to an attorney for purposes of a claim or pending litigation.
4. I understand, and fully endorse, that a photocopy, scanned image, fax or an e-mail of this authorization shall have the same force and effect as the original.

Signature of Student/Personal Representative

Date

Print Name of Student/Personal Representative

If signed by anyone other than the Name on Record, please indicate your authority to sign:

Personal Representative Parent of Minor Conservator Legal Guardian Power of Attorney

Subscribed and Sworn before me
this _____ day of _____, 20____

Notary Public: _____ County
My Commission Expires: _____