



Legal-Ease
Digital Imaging
A Limited Liability Company

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Authorization for Release of Information

To: _____

Name on Record: _____

Date of Birth _____ Social Security Number: _____

I, the undersigned, hereby authorize the above named, its director or designee, to release any and all requested information identified by attached letter or subpoena to:

Legal-Ease Digital Imaging
717 South Grand Traverse, Suite 3
Flint, Michigan 48502

I understand this authorization shall allow the recipient listed to examine and photocopy the information requested, or the above named will provide the original information or a true and exact copy of the original information to Legal-Ease Digital Imaging at the address above.

I understand the information disclosed pursuant to this authorization may be disclosed and reproduced by the recipient and may no longer be protected by Federal Privacy Rules or other applicable laws.

I understand this authorization expires twelve (12) months after it is signed.

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

Date

Parent/Legal Guardian Signature

Date

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

Notary Public: _____ County

My Commission Expires: _____