

AUTHORIZATION AND RELEASE FORM

RE: Name:
SSN: xxx-xx-x_____
DOB:

TO WHOM IT MAY CONCERN:

I, _____, hereby authorize the release of any and all of my records encompassing the time period from _____ through present, to Gary Cunha, P.C. and/or Gary William Cunha, Attorney and Counselor at Law.

The purpose for this release of information is to assist me and my attorney in anticipated or pending litigation.

A copy of this authorization has the same force and effect as an original. This authority remains in effect for a period of Two Years from the date hereon or until I revoke same in writing.

Signed on _____, 201____.

Print: