

**AUTHORIZATION FOR RELEASE
OF INFORMATION AND RECORDS**

TO:

**I request and authorize you to release information about me to any employee
of**

**and to make available my records for inspection and to provide such copies of those
records as requested.**

**I also agree that a photostatic or facsimile-transmitted copy of this
authorization be accepted with the same authority as the original.**

Name: _____

Address: _____

Date: _____