

Authorization for Release of Confidential Records and Information

To: _____

Re: _____

I, _____, do hereby consent to the release of any and all records and the release of any and all information pertaining to me, which is considered personal and confidential, and authorize _____ to speak directly with the following legal representatives:

Howard & Carr, PLLC
Post Office Box 81
Clinton, North Carolina 28329
Telephone: (910) 592-1942
Facsimile: (910) 222-3170
info@howardandcarr.com

Please check:
 Timothy W. Howard, Attorney
 Alison G. Carr, Attorney
 Angie N. Powers, Paralegal

I understand that this information is personal and private and that I am not required to release this information. I certify that I have the legal authority to provide this consent and hereby waive the privilege of confidentiality as to these records and authorize you to make full disclosure to the above named people. Since these records are personal and confidential, however, I specifically request that you not release them to anyone else.

I understand that my permission to release this information may be cancelled at any time except when the information has already been released.

Signed: _____

Date: _____

Witnessed: _____