

AUTHORIZATION FOR RELEASE OF INFORMATION TO A THIRD PARTY

CLIENT:

Name: _____

Address: _____

Phone #: _____

I _____ hereby grant authorization for release of the following documents:
(Please print name above)

List documents to be released to party designated below:

TO BE RELEASED TO:

Name: _____

Address: _____

Email: _____

Phone #: _____

Fax #: _____

I understand that Nicholson and Associates is no longer responsible for the confidentiality of this information once it has been released.

Signature: _____

Date: _____

Information sent on : Date _____ via (please circle one): email, fax, US mail