Legal-Ease Digital Imaging

A Limited Liability Company

2496 Meadowcroft Dr
Burton, MI 48519
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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, LLC
2496 Meadowcroft Dr
Burton, MI 48519

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 (60) days 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:_____