

**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

Date:

To:

Dear

You are hereby authorized and requested to mail or deliver to:

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Name

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Address

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Either original or copies of the below described documents or confidential information that you may have in your possession:

You may bill me for any costs associated with your compliance with this request, and I thank you for your cooperation.

Very truly yours,

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Name

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Address

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