Legal Case Information Release Authorization

Case Name: _____

Case Number: _____

Court/Jurisdiction: _____

Person Authorizing Release

Full Name: _____

Relationship to Case: _____

Contact Information: _____

Information to be Released

Recipient of Information

Name/Organization: _____

Contact Information: _____

I hereby authorize release of the above-identified case information to the recipient listed. I understand this authorization is voluntary and may be revoked in writing at any time.

Signature:

_____

Date:

_____

Witness (if required):

_____

Date:

_____