Legal Case File Release Consent Form

Client Information
Full Name
Address
Address
Phone Number
Email
Linaii
Authorized Recipient
Name/Organization
Address
Addicas
Phone Number
Email
Case Information
Case Number
Case Title

Description of Information to be	Released		
Concept			
Consent			
Additional Instructions or Limita	tions		
П.,			
	ase of the legal ca	se file and information indicated	above to the recipient
specified.			
Client Signature			
_	Date	Witness Signature	Date
	Date	Witness Signature	Date