

Insurance File Authorization and Release

To: _____

Address: _____

City, State, Zip: _____

Re: _____

This form, signed by me, shall constitute written authorization for you to provide to Robert E. Peterson, Attorney at Law, or any designated representative thereof, any and all information concerning _____ . You are requested to disclose no information or copies of records to any other sources without my written authority.

Signed _____ (day) of _____ (month), _____ (year).

Signature

Printed Name

Sworn to and subscribed before me this _____ day of _____, 20____.

My Commission Expires: