

CLONFERO LAW FIRM



**AUTHORIZATION, DIRECTION,
AND CONSENT REGARDING
RELEASE OF INFORMATION**

TO: _____

RE: _____

I hereby authorize and direct you to release to my solicitors, Clonfero Law Firm, complete copies of all records in your possession pertaining to me including employment information, earnings documentation, income tax returns(all tax years including previous tax years), school records, transcripts of marks, any and all information they may require in connection with my physical or mental condition and injuries, all x-rays, hospital records, medical reports, progress reports, reports of diagnostic tests, medical opinions, and any other knowledge or information you may possess.

I consent to the disclosure of personal information about me.

DATED: _____

WITNESSED: _____ **SIGNED:** _____