

Authorization for Release of Information

Section A: Must be completed for all authorizations

I hereby authorize the use or disclosure of my individually identifiable health information and drivers license information as described below. I understand that this authorization is voluntary. I request that this information be released to my attorney, Kathy Richardson.

Driver's Full Name: _____

State and Drivers License Number: _____

Date of Birth (mm/dd/yyyy): _____

Persons/Organizations receiving the information:

**Richardson Law Firm, PLLC
125 East Parrish Street
Durham, NC 27701**

Specify description of information (including dates):

Driving Record/Abstract

Section B: Must be completed for all authorizations.

The driver must read and initial the following statements:

- I. I understand that this authorization will not expire until I revoke it. Initials: _____
- II. I understand that I may revoke this authorization at any time by notifying the providing organization in writing, but if I do so it will not have any affect on any actions taken before the revocation was received. Initials: _____
- III. I request that the information requested be provided to my attorney promptly. Initials: _____
- IV. I understand that I may see a copy of the information described on this form, with the exception of, if I ask for it, and that I get a copy of this form after I sign it. Initials: _____

x _____
Signature of Driver
(Form **MUST** be completed before signing)

Date

_____ County
State of North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he/she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated _____, (name(s) of principal(s))

Date: _____

Notary Public
My Commission Expires: _____