

4.2 GENERAL AUTHORIZATION TO RELEASE FORM

Date: _____

To: _____

The undersigned authorizes you to furnish and disclose any and all information in your possession, including police, medical, and other reports or records, that may in any way relate to a matter involving the undersigned, regarding the accident or incident on or about _____ [date], or regarding the determination of damages resulting from this accident or incident to _____ [attorney/law firm].

A photocopy of this General Authorization is considered as valid as the original.

_____ [Client]

Printed Name