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LCS Job No.

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TION FOR THE RELEASE OF GENERA		
1.	NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	
	I, the undersigned, authorize the information requested by the accession.	e following specific entity or parent company to r companying subpoena or letter, to LCS Record R	release any and all Retrieval (Legal Copy	
2.				
	Facility:			
	A description of the information	to be released:		
	Any and all records from birth to	present.		
3.	I understand that unless I expressly direct otherwise:			
	a) the custodian will make the information reasonably available for inspection and copying, or, b) the custodian will deliver to the requesting party the original information or a true exact copy of the original information accompanied by a signed copy of the provided certificate.			
4.	This authorization is valid for thir	ion is valid for thirty-six months. A copy of this authorization shall be considered as effective as the original.		
5.	This authorization is signed to ma stage of the lawsuit. The informa in the lawsuit.	authorization is signed to make information regarding me available to the other party(ies) to the lawsuit for their use in any of the lawsuit. The information covered by this release is relevant because my mental or physical condition is in controversy lawsuit.		
6.	I understand that by signing this a	ng this authorization there is potential for information to be redisclosed by the recipient.		
7.	I understand that I may revoke this authorization, except to the extent action has already been taken in reliance upon this authorization, at any time by sending a written revocation to the records custodian.			
DATE				
SIGNAT	URE	ADDRESS		

NAME (type or print) If signing as Personal Representative, please state under what authority you are acting.

CITY, STATE, ZIP