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**Authorization to Release Records**

You are hereby Authorized and requested to furnish to \_\_\_\_\_

\_\_\_\_\_

or his representative, all my medical and drug records (including x-rays, if any), and reports, abstracts, and summaries thereof, accident and/or police reports, employment and earnings, histories and records, bills and statements, and all other information pertaining to me, to permit them to examine all originals and to make copies thereof.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME

\_\_\_\_\_

\_\_\_\_\_  
ADDRESS