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AUTHORIZATION TO RELEASE INFORMATION

Re: Client Name: _____
Date of Incident: _____
Date of Birth: _____
Social Security No: _____

I hereby authorize and request you to disclose, whenever requested to do so by my attorney or his representative, any and all information you may have with respect to any accident, police investigation, photographs, illness or injury, medical history, consultation, prescriptions, treatments, x-rays, hospital or medical records, statement of charges or billing information, and/or employment records.

This authorization expressly authorizes the bearer to copy by photostat or otherwise, any records, reports, photographs, itemized statements or statement of charges, employment records, as referenced above.

A photostat copy of this authorization shall be considered as effective and valid as the original.

Dated this _____ day of _____, 20____.
