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## MARINER'S AUTHORIZATION TO RELEASE INFORMATION

U.S. Coast Guard  
National Maritime Center  
Marine Personnel Division  
100 Forbes Drive  
Martinsburg, West Virginia 25404-0001

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, employment records, sea service record and/or copies of all certificates of discharge.

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.

I, \_\_\_\_\_ [print name of client], declare under penalty of perjury under the laws of the United States of America that all statements contained in this request and any accompanying documents is true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(client signature)