

Moretti Group Copy Service

**471 West South Street, Suite 41B
Kalamazoo, MI 49007**

Phone: (269) 343-0118 or (800) 536-0804

Fax : (269) 343-7527

AUTHORIZATION

Name of Deponent: _____

Name on Records: _____

SS#: _____

DOB: _____

Address: _____

I, the undersigned, hereby authorize the above deponent to release any and all information which may be requested regarding myself and to allow them or any person appointed by them to examine or photocopy any records of mine or records which you have in your possession contained in my file.

This authorization will expire as soon as the purpose for which it has been given has been served or for the following specified reasons: (Once information is disclosed, no further information can be disclosed pursuant to this consent.)

Reason: _____ None _____

**RECORDS SHALL BE RELEASED TO: Moretti Group Copy Service
471 West South Street, Suite 41B
Kalamazoo, MI 49007**

#Error

No other disclosure is authorized by this form. Moretti Group Copy Service is not liable for damages as the result of an unauthorized disclosure.

A photocopy of this document shall be considered as valid as if the original were offered.

Signature

Date Signed

Subscribed and Sworn to Before me this _____ day of _____.

Name: _____
Notary Public, _____ County
My Commission Expires: _____