

**AUTHORIZATION AND DIRECTION
TO RELEASE INFORMATION**

TO: All persons and entities who have documents, and/or information pertaining to myself, I hereby authorize James H. Holder, Jr., my attorney, complete access to all information to include, but not limited to, the following types of information:

Bank & Financial Records, Government Records, School Records, Social Security Records, Medical Records, IRS Records, Dental Records, State and Federal Records, Ophthalmology Records, Military Records, Psychological Records, Personnel Records, Child Welfare Records, and Personal Records.

You are hereby authorized and directed to provide copies of the entire file or record to: James H. Holder, at 111 W. Walnut St. Greencastle, IN (765) 653-0500, concerning the above described information.

It is understood that this consent covers all information relevant to myself and is subject to revocation by me at any time except to the extent that action has been taken to release this information. It is also understood that this consent will expire in ninety (90) days from the execution as indicated below.

Client's Personal Identification Information:

Signature

Print Name

Birth Date: _____

Social Security Number: _____

Signed this _____ day of _____, 2014.

STATE OF INDIANA)
) SS:
COUNTY OF PUTNAM)

I, _____ being duly sworn upon his/her oath, depose and state that she/he has read the above and foregoing Authorization and Direction To Release Information, and affirms that the matters and facts therein set forth are true and correct to the best of her/his knowledge and belief.

Client's Name

subscribed and sworn before me, a notary public, this _____
day of _____, 2014.

Notary Public
Resident of Putnam County

My Commission Expires:
