

Authorization for Release of Information

Section A: Must be completed for all authorizations

I hereby authorize the use or disclosure of my individually identifiable health information and drivers license information as described below. I understand that this authorization is voluntary. I request that this information be released to my attorney, Marcus E. Hill.

Driver's Full Name: _____

State and Drivers License Number: _____

Date of Birth (mm/dd/yyyy): _____

Persons/Organizations providing the information:

Persons/Organizations receiving the information:

**Marcus E. Hill
Attorney at Law
311 E. Main Street
Durham, NC 27701**

Specify description of information (including dates):

Driving Record/Abstract

Section B: Must be completed for all authorizations.

The driver must read and initial the following statements:

- I. I understand that this authorization will not expire until I revoke it. Initials: _____
- II. I understand that I may revoke this authorization at any time by notifying the providing organization in writing, but if I do so it will not have any affect on any actions taken before the revocation was received. Initials: _____
- III. I request that the information requested be provided to my attorney promptly. Initials:_____
- IV. I understand that I may see a copy of the information described on this form, with the exception of, if I ask for it, and that I get a copy of this form after I sign it. Initials:_____

X_____
Signature of Driver
(Form **MUST** be completed before signing)

Date

Sworn and subscribed before me this the
___ day of _____, 20____,

Notary Public

My Commission Expires: _____