

**AUTHORIZATION FOR RELEASE OF RECORDS OF BANKRUPTCY
TRUSTS AND CLAIMS RESOLUTION FACILITIES**

TO WHOM IT MAY CONCERN:

This Authorization specifically allows the law firm of _____
or any of its representatives to obtain all information requested from _____
("the Trust"), including claim submissions, correspondence, and any information regarding
exposure to asbestos or other hazardous substances, trade and occupation information, earnings,
and any documents submitted by plaintiff/decendent seeking compensation through "the Trust."

In addition, this Authorization shall extend to any and all reports pertaining to medical
screening, annual physical examinations, including x-rays, medical examination reports, and
plaintiff/decendent may have regarding such reports, records and information for the purposes of
this lawsuit.

A copy of this Authorization bearing my signature shall be as valid as the original.

Plaintiff/Decendent: _____
Social Security No.: _____
Date of Birth: _____

Signature: _____

Name of Representative, if applicable: _____
Date: _____