

Authorization for Release of Information

To: _____

I, _____, who's date of birth is _____,
and social security number is _____, hereby give my
permission to you to release the records requested to:

Henjum Goucher Reporting Services, L.P.
2501 Oak Lawn Ave., Suite 435
Dallas, Texas 75219
tel.(214)521-1188
fax(214)521-1034

Signature of Person

Date: _____

Witness by me this _____ day of _____, 20__.

Notary Public

My commission expires: _____