

**RELEASE AND AUTHORIZATION**

**RE:** \_\_\_\_\_

**TO:** All employers, insurers, health spas, school administrators and school personnel, rehabilitation personnel, social workers, and any other affected person or entity, all Federal and State agencies, Social Security Administration and Division of Labor for the State of TEXAS, Workmen's Compensation Section, Police Departments and other law enforcement agencies.

You are hereby authorized to release any and all bills, invoices, wage and employments information, income information, information and records concerning insurance policies and claims, school records, tests of any kind and description, police reports and all related documentation and memoranda, and any other type of information relating to me, and to permit the copies of such records or documents to be made available to the firm of STEPHENS & STEPHENS, 6310 Olde Pecan Drive, Suite 200, Richmond, Texas 77406.

I hereby revoke any and all prior authorizations previously issued by me. This Release and Authorization shall remain in effect until I cause to be delivered to you a written cancellation of such Release and Authorization. A photocopy of this Release shall be accepted as an original.

SIGNED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Social Security No. \_\_\_\_\_

STATE OF TEXAS                    §  
  §  
COUNTY OF HARRIS            §

SUBSCRIBED AND SWORN to before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas  
My Commission Expires: \_\_\_\_\_