**Authorization for Release of Financial Records**

TO: Custodian of Records

RE:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

You are hereby authorized to furnish to the law firm of , and their duly authorized representatives, copies of any and all information they may request concerning any salaries, bonuses, commissions, allowances, travel expenses, stocks, investments, retirement and pension plans, stock ownership or option plans, pay deferral or provident funds, defined contribution plans, other employee benefit plans, incentive plans, termination benefits, mutual funds, growth funds, life insurance policies, bank accounts, credit union accounts, savings accounts, money market accounts, certificates of deposit, installment loans, mortgage loans, personal loans, signature loans, any other direct indebtedness or obligation incurred by me or on my behalf, any indirect indebtedness or obligation incurred by me or on my behalf (including, but not limited to, any indebtedness or obligation for which I am a co-borrower, guarantor, or surety), savings plans, 401(k) accounts, and Individual Retirement Accounts in which I may have or had an interest, or other information in your possession regarding me, as to the following:

This authorization shall constitute valid authorization for the firm of to inspect all such items set forth above, and to copy, and to request and receive copies, including certified copies, thereof from you.

This authorization is valid until you receive written revocation. Acopy of this authorization shall be sufficient and as good as the original, and permission is hereby granted to honor a photostatic copy of this authorization.

Signed at , Louisiana, this day of , 20 .

Signature of Employee or Customer

Typed Name of Employee or Customer

**PRACTICE AID GUIDE:** The Essentials of Law Office Management

**CHAPTER 4** Maintaining the Attorney-Client Relationship and Law Office Procedure

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