

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ [full name of constituent], have sought assistance from the Office of Senator Toni Atkins (the "Senator") on a matter that may require the release of information contained in records maintained by _____ [name of the government agency or department] (the "Agency") and that may be prohibited from dissemination by law. I hereby authorize the Agency to release all relevant portions of my records and to discuss matters relating to those records with the Senator and with any authorized member of the Senator's staff until this matter is resolved. My information is set forth below.

Printed Name

Date of Birth

Street Address

Phone

City, State, and Zip

Case Number

I have been advised that the Agency that I am authorizing to communicate with the Senator about my records requires the following information for purposes of that authorization. I acknowledge that I am not required to provide this information to the Senator. If I do provide the information to the Senator, I do so **voluntarily** and for the purpose of the authorization.

Social Security Number _____

Driver's License Number _____