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**AUTHORIZATION FOR THE RELEASE OF
PROTECTED LEGAL INFORMATION**

This will authorize the release of Protected Legal Information by Law Practice, Ltd.

The undersigned authorizes the release and disclosure by **LAW PRACTICE, LTD.**, of any (including billing statements) regarding the undersigned's case pursuant to this Authorization.

This disclosure is at my request for use by my attorneys in the handling of my case. I expressly waive the attorney-client privilege as to the above information and records as to **LAW PRACTICE, LTD.**, its representatives, and employees and no other persons.

This authorization will expire one (1) year from the date that this Authorization is signed. The undersigned hereby acknowledges that I have the right to revoke this Authorization at any time, only in writing sent by certified mail to Law Practice, Ltd., at the above address. The revocation will be effective only upon receipt, except to the extent that the Law Practice, Ltd., has acted in reliance on the Authorization.

The undersigned hereby acknowledges that I understand that once the information is disclosed, the information released by **LAW PRACTICE, LTD.**, its representatives, and employees may no longer be protected by attorney-client privilege.

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Approved by :

LAW PRACTICE, LTD.
Ann E. Kolber, Esq