

THE CONSTRUCTION FORENSICS GROUP

CLIENT REFERENCE AUTHORIZATION & LIMITED INFORMATION RELEASE

This voluntary authorization permits The Construction Forensics Group ("CFG") to identify the undersigned client as a reference, solely within the limits selected below. It supplements, and does not otherwise waive, CFG's Client Confidentiality & Information Protection Agreement.

1. CLIENT AND ENGAGEMENT

Client name: _____

Property / matter (optional): _____

2. INFORMATION CFG MAY SHARE (CHECK ALL THAT APPLY)

☐ My name

☐ My telephone number: _____

☐ My email address: _____

☐ General description of the type of services CFG provided (no case-specific details)

☐ Other expressly approved information: _____

Only checked information may be disclosed. CFG will not disclose reports, documents, photographs, financial details, settlement terms, confidential communications, or other case-specific information unless separately authorized in writing.

3. AUTHORIZED PURPOSE AND RECIPIENTS

CFG may provide the selected information directly to individual prospective clients who request a reference when evaluating CFG's services. This authorization does **not** permit public testimonials, website listings, advertising, social media posts, or general distribution.

4. CONTACT PREFERENCES (SELECT ONE)

☐ CFG may share my approved contact details with prospective clients without contacting me first.

☐ CFG must ask for my approval before each referral or disclosure.

5. VOLUNTARY CONSENT; REVOCATION; DURATION

My participation is entirely voluntary and is not a condition of receiving CFG services. I may revoke this authorization at any time by written notice to CFG at eric@theconstructionforensicsgroup.com. Revocation applies to future disclosures after CFG receives and reasonably processes my notice; it cannot retract information already shared. Unless revoked earlier, this authorization expires **12 months after the signature date**. I may renew it by signing a new authorization.

6. LIMITS AND ACKNOWLEDGMENT

I understand that a prospective client who receives my approved contact information may contact me and that CFG cannot control that person's subsequent use of information I voluntarily provide directly. I am not obligated to answer inquiries or provide a favorable reference. CFG will not represent my experience or views without my separate approval. All confidentiality protections not expressly and narrowly authorized here remain in effect.

7. SIGNATURE

By signing, I confirm that I have read this form and authorize only the disclosures selected above.

Client signature: _____ Date: _____

Printed name: _____

CFG representative (receipt): _____ Date: _____