

**AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_

- 1. I authorize the use or disclosure as described below:
- 2. The following individual or organization is authorized to make the disclosure:

\_\_\_\_\_

- 3. The type and amount of information to be used or disclosed is as follows:  
Any information or records, including any documents and electronic records, which you may have in your possession or under your control and all billings for all cost incurred. You can discuss with Bryon Middlebrook or his staff any issue or fact.
- 4. This information may be disclosed to and used by the following individual or organization

**Bryon Middlebrook**  
**BRYON MIDDLEBROOK, P.C.**  
**308 North Agassiz Street**  
**Flagstaff, Arizona 86001**  
**(928) 774-1433**

for the purpose of pending claims related to the legal issues Bryon Middlebrook, Attorney at Law, has been retained by me to resolve.

- 6. I understand I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing. If I fail to specify an expiration date, event or condition, this authorization will expire in six month.
- 7. I understand that authorizing this disclosure of information is voluntary. I can refuse to sign this authorization. I understand I may inspect or copy the information to be used or disclosed.

A copy of this authorization shall be accepted by you with the same authority as the original.

\_\_\_\_\_  
Signature of  
Person approving release of information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of  
Person approving release of information