
Client Authorization To Release Information

Date: _____

Release Information Designated Below To The Following Third-Party:

Third-Party Name: Law Office of Tracey Lane Russo LLC

Attn.: Tracey Lane Russo, Esq.

Address: 501 Boston Post Road Unit 23

E-Mail: tracey@russolawct.com

Orange CT 06477

Phone #: 203-298-4289

Fax #: 203-848-8269

I, _____, hereby authorize _____ ("**You**") to release the following information to the above referenced Third-Party. By signing, I understand that my information will be sent via mail, e-mail and/or fax. Also, if needed, I am authorizing **You** to answer questions of the Third-Party about the information I have authorized to be released.

This authorization will be valid in original or copy form. This authorization is to remain effective until such time, if any, that **You** receive, in writing, an update or change to this form.

Designation of Information To Be Released (Please check all that apply):

- Individual Income Tax Return – Year(s) _____
- Corporate Income Tax Return – Year(s) Ending _____
- Financial Statements – Year(s) Ending _____
- Supporting documentation/financial data _____
- Other (Specify) _____

Authorizing Signature: _____

Company (if applicable): _____

Print Name(s) and Title as it appears on document (if applicable):

Date: _____
