



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize Penner Lowe Law Group, LLC to disclose to and/or receive any relevant verbal and/or written information regarding my legal matter(s) to the below parties:

Name: _____

Phone No: _____

Email: _____

Name: _____

Phone No: _____

Email: _____

Name: _____

Phone No: _____

Email: _____

I understand that Penner Lowe Law Group, LLC will handle all information in a confidential manner in accordance with legal and ethical obligations. All parties involved in this matter will be informed of the confidential nature of the information they receive and are required to respect this confidentiality.

I further understand that I may revoke this authorization at any time.

I do **NOT** authorize Penner Lowe Law Group, LLC to disclose to and/or receive any relevant verbal and/or written information regarding my legal matter(s) to any party.

Client (or parent/guardian if minor) printed name: _____

Client (or parent/guardian if minor): _____ Date: _____
(Signature)