

**AUTHORITY TO RELEASE INFORMATION**

**TO WHOM IT MAY CONCERN:**

This authorization, or photocopy thereof, will authorize you to furnish all information you may have regarding \_\_\_\_\_ to my attorney(s), GERALD LEFEBVRE, 1910 South Parrott Avenue, Okeechobee, Florida 34974, or his designate.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Client

**YOU ARE HEREBY NOTIFIED THAT UNDER NO CIRCUMSTANCES ARE YOU TO RELEASE ANY INFORMATION OR ANY PART OF MY FILE TO ANYONE OTHER THAN MYSELF OR MY ABOVE NAMED ATTORNEY OR HIS DESIGNATE.**

\_\_\_\_\_  
Witness

The foregoing document was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Name Typed or Written

\_\_\_\_\_  
Title or rank

My Commission Expires: \_\_\_\_\_  
(Seal)