

CONSENT TO RELEASE OF PERSONAL INFORMATION

I, _____, hereby authorize _____,
to release to _____ of **ARNOLD PIZZO McKIGGAN**
all information requested by the person named, or his agent at

ARNOLD PIZZO McKIGGAN

SIGNED at _____, Province of _____,
this ____ day of _____, 200 . . .

Witness Signature

Address of Witness

Client Signature

Address