

AUTHORIZATION FOR RELEASE OF INFORMATION

TO:

ATT:

I, _____ of _____, Province of _____, do hereby authorize and instruct you to release to my solicitor, **John A. McKiggan**, of **ARNOLD PIZZO McKIGGAN** information or documentation and/or any other knowledge, including all medical reports, records etc. that you may possess that my solicitor above-noted may require and for so doing, let this be your good and sufficient authority.

THIS AUTHORIZATION IS IRREVOCABLE.

DATED at _____, Province of _____,

This ____ day of _____, 200 ____

WITNESSED BY

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Witness signature

Client Signature