

AUTHORIZATION FOR INFORMATION

DATE: _____

TO: _____

You are hereby requested and authorized to release to my attorney, Jason E. Troia, of Jason Troia Law, 209 S. 19th Street, Suite 650, Omaha, Nebraska 68102, or any other attorney associated or affiliated with the law firm and any all information, including documentation, copies, statements, releases, checks, signatures, medical billings, and any and all other information which they may request.

A photostatic copy of this Authorization shall be considered as effective and as valid as the original.

SUBSCRIBED AND SWORN to before me this _____ day of _____,
_____.

NOTARY PUBLIC

NAME: _____

DOB: _____

SS#: _____