

AUTHORIZATION FOR RELEASE OF INFORMATION

TO:

RE:

SS#

DATE OF BIRTH:

I, _____, hereby authorize you to furnish and release to the Law Offices of JOSEPH H. HEMMING, 30445 Northwestern Highway, Suite 230, Farmington Hills, Michigan, 48334, or any representative thereof, any and all information which may be requested.

The foregoing authorization shall continue in force until revoked by me in writing.

A photostatic copy of this authorization shall be as good as the original.

SIGNED:

STATE OF MICHIGAN)

)SS

COUNTY OF)

Subscribed and sworn to before me
this ____ day of _____, 200__

Notary Public, _____ County, MI
My commission expires:

Please return requested information to:

Joseph H. Hemming
Attorney at Law
30445 Northwestern Hwy.,
Suite #230
Farmington Hills, MI 48334