

GENERAL AUTHORIZATION

TO: _____

ADDRESS: _____

You are hereby authorized to furnish the Law Office of Bruce D. Schupp with any and all information or documentation or opinions the aforesaid law firm may request.

This authorization includes the release of findings, reports, notes, diagrams, surveys, photographs, and any other information requested from any person or source, whether public or private.

This release is not restricted to time or subject matter.

You are further requested not to disclose any information concerning the undersigned to any insurance adjuster, investigator or any other person without my express written consent or that of my attorney.

Be advised a photocopy of this authorization shall have the same force and effect as the original.

DATED this _____ day of _____, 20____.

x _____