

**LAW OFFICES OF
TAD J. BISTOR, LLC**

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AUTHORIZATION FOR RELEASE OF ATTORNEY RECORDS

Client: _____ DOB: _____ SS#: _____

I, the undersigned client, hereby authorize my attorney, _____, to release to the **Law Offices of Tad J. Bistor, LLC, P.O. Box 1454, Hartford, Connecticut 06144**, any information requested that is contained in my file, including, but not limited to, any identifying information, including my social security number, names, current and former addresses, date and place of birth, and parents' names; any and all claim information; any and all settlement information; and any and all medical records and reports; whether such information is protected from disclosure by the attorney-client privilege, the attorney work product privilege, or any other applicable privilege or statute. I further authorize any representative of said attorney's office handling or having access to my file and any representative of the Law Offices of Tad J. Bistor, LLC to freely discuss with each other my cases and records, as they may relate to my respective cases.

I am requesting disclosure of this information to the Law Offices of Tad J. Bistor, LLC for use with regard to my pending child support case.

I am the individual to whom such information applies or that person's parent (if a minor) or legal guardian. I understand that the records and reports to be released may contain information that is protected from disclosure under applicable laws, and hereby waive such protection with regard to disclosure of the above information to the Law Offices of Tad J. Bistor, LLC. This information, however, shall not be transmitted to anyone else without written consent or other authorization.

This consent to disclose information may be revoked by me at any time except to the extent that action has been taken in reliance thereon.

Please honor a photocopy of this Authorization as fully as the original.

Date: _____

Signature of Client (or parent or legal guardian)