



Costen Ruiz Law  
3435 Wilshire Blve, Suite #1195  
Los Angeles, CA 90010  
Tel. (323) 302-4801  
Fax. (323) 302-8264

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, am represented by the above Law Firm. I hereby authorize the above-named Law Firm to OBTAIN all records and information (with no exclusions), they deem is necessary to represent me.

I understand the need for, and the implications of, this authorization for release information, and this authorization and request to release or obtain information is being made voluntarily on my part. I understand that I may revoke this consent in writing at any time except to the extent that action based on this consent has already been taken. I understand that unless I revoke this release, it remains effective indefinitely.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney of Representation

\_\_\_\_\_  
Bar #