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AUTHORIZATION TO PROVIDE INFORMATION

I, _____, a client of the Law Office of Robert M. Mansour, authorize:

1. Any firm or employer to furnish information about my earnings, loss of earnings, work history and medical information in their possession to my/our attorneys, Law Office of Robert M. Mansour, 28212 Kelly Johnson Parkway, Suite 110, Valencia, California 91355, or their respective representative.
2. Any police authority is authorized to permit processing of a claim arising out of an incident that occurred on or about _____ (including but not limited to providing my attorney with police reports, photographs and/or other related documents with respect to the above-referenced incident).

This Authorization is valid during the duration of the claim, and I agree that a photocopy of it is as valid as the original.

I have read this Authorization and acknowledge I, or a personal authorized by me will receive a copy of this Authorization upon request.

Dated: **X** _____

X _____
Signature

X _____
Date of Birth