



Lennard K. Whittaker, Attorney

Re: [REDACTED] DOB [REDACTED] SSN # [REDACTED]

AUTHORIZATION FOR RELEASE OF RECORDS

P.O. Box 720876
McAllen, TX 78504
T 956 821 9918
F 866 596 6190

Be it known that the Lennard K. Whittaker, Attorney, at P.O. Box 720876, McAllen, TX 78504, being my attorney of record, is hereby authorized by me to obtain from a physician, hospital, medical attendant, or any other person or agency, any and all medical and mental health records, x-rays, documents, reports, clinical abstracts, histories, charts, information, opinions, billings, and any other information of every kind and description, which he may request relative to the past history, physical condition, treatment, care, hospitalization, ambulatory services or other information and to allow them to procure or copy said information which you may have.

This authorization shall remain valid for 12 months form the date on which it is signed.

A photocopy or facsimile transmission of this signed AUTHORIZATION shall be as valid as the original.

Signed this _____ day of _____, 2018.

[REDACTED]