GENERAL RELEASE

TO WHOM IT MAY CONCERN:

My name is	My date of birth is	This is to
notify you that I, the undersigne do hereb	by authorize	_ and any of her
agents to examine, inspect, copy and/or in	nquire of any financial records, tra	nsaction records,
banking records, school records, fiduciary r	records, or any other records relating	to any evidence,
documents, reports, and or records concern	ning, and, are als	so authorized to
discuss with any instructor, counselor, i	ndividual, agent or other person,	concerning any
evidence, testimony or facts deemed by	and any of her agents to be r	material. All such
persons are hereby requested to freely coop	perate with and any o	of her agents in
these premises and any of	f her agents are hereby authorized to	incur, on behalf
of the undersigned, any expense reasonably	incurred. This authorization shall	be binding upon
the heirs, successors, representatives, and	assigns of the undersigned and is	coupled with an
interest. Facsimile, photostatic, carbon or ot	ther copies of this authorization shall	I be treated as an
original.	•	
Pursuant to 28 U.S.C. § 1746, I declar and correct.	re under penalty of perjury that the fo	oregoing is true
Signed on this the day of	2023	
Signa	ature	