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GENERAL AUTHORIZATION FOR RELEASE OF RECORDS AND DOCUMENTS

Name: _____ DOB: ____ / ____ / ____
Address: _____ SSN: ____ - ____ - ____

To Whom It May Concern:

I, _____, the undersigned below, do hereby authorize the release to my attorney, his agents, investigators, or clerks, of any and all records and documents relating to me, and which I would personally have the right to obtain, including all medical records, dental records, charts, employment and pay records, official or government documents or records, or any other documents or records of any kind held by any agency, company, corporation, or individual, of every nature and kind.

I hereby agree to hold harmless, any agency, company, corporation, or individual for any and all claims arising out of the release of any of the aforementioned records or documents to my attorney or his agent, investigator, or clerk.

Charges for copies of all records furnished may be billed to Donnie Gamache, Attorney at Law, LLC. This authorization shall remain in effect until revoked by me in writing. A copy of this release shall be as effective as an original.

Signed: _____

SWORN TO AND SUBSCRIBED before me

This ____ day of _____, 20 ____

Notary Public for South Carolina
My commission expires: _____