

AUTHORIZATION FOR RECORDS RELEASE

This document, or a photocopy, will verify that my attorney, Fay Arfa, is authorized to communicate with probation officers, prior attorneys, prison authorities, school personnel, psychiatrists, psychologists, physicians and all other persons having information which she deems necessary in her representation of me.

I further authorize my attorney, Fay Arfa, to examine, inspect, and make photocopies of all probation reports, documents in the possession of my prior attorneys, employment records, prison records, medical records, psychiatric records, school records, and all correspondence, reports, charts and any other documents pertaining to me.

DATED:

(Signature)

(Please Print Name)

(Birth date)

