

RECORDS DEPOSITION SERVICE[®]
I N C O R P O R A T E D



AUTHORIZATION

Provider: _____

Name on record: _____ DOB: _____

Address: _____

I, the undersigned, hereby authorize the above person(s) to furnish _____
and/or Records Deposition Service, Inc., 815 Superior Ave., East, Suite 1500, Cleveland, Ohio 44114 with
any and all information which may be requested regarding me and to allow them or any person appointed
by them to examine or photocopy any records which you may have contained in my file.

Signature

Date

Requesting Firm

By:

Job#

Subscribed and sworn to before me this ____ day of
_____, 20____.

Notary Public
My commission Expires: _____