

MINUTE MAN SERVICES, INC.

3318 N. MAIN, ROYAL OAK, MICHIGAN 48073 (248) 585-6300 ♦ FAX (248) 585-5822

AUTHORIZATION FOR RELEASE OF INSURANCE INFORMATION

TO: _____

RE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

MAIDEN NAME AND/OR ALIAS: _____

*POLICY#: _____

*CLAIM#: _____

*DATE OF ACCIDENT: _____

I, _____, AUTHORIZE ANY INSURANCE ENTITY TO RELEASE ANY AND ALL INFORMATION, INCLUDING PERSONAL INJURY PROTECTION PAPERS, CLAIMS INFORMATION, DISABILITY INFORMATION, PHOTOS, MEDICAL REPORTS, ACCIDENT INVESTIGATION REPORTS, INCIDENT REPORTS, ETC., IF ANY TO

MINUTE MAN SERVICES, INC.

FOR THE PURPOSE OF COPYING RECORDS. THE INFORMATION BEING SOUGHT IS TO BE USED IN THE EVALUATION OF A PENDING SUIT. FAILURE TO AUTHORIZE RELEASE OF THIS INFORMATION MAY CAUSE A DELAY IN PROCESSING THAT SUIT. A PHOTOSTATIC COPY OF THIS AUTHORIZATION SHALL SERVE IN STEAD.

THIS AUTHORIZATION IS VALID FOR ONE (1) YEAR AFTER THE DATE IT IS SIGNED, BUT MAY BE REVOKED ON WRITTEN REQUEST TO **MINUTE MAN**.

SIGNATURE: _____ DATE _____

PATIENT/PARENT/SPOUSE/GUARDIAN/CONSERVATOR/EMPLOYEE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC, _____ COUNTY, MI, ACTING IN _____

MY COMMISSION EXPIRES: _____

NOTARY SIGNATURE: _____