



Capital Securities & Investigations, LLC
P.O. Box 585
Ravenna, Ohio 44266
Phone: 330-777-4377
Fax: 330-673-1537

Authorization to Exchange Information

Client's Name: _____ Date of Birth: _____

Previous Name: _____ SSN: _____

I _____, request and authorize _____

To exchange information of/about the client named above with:

Name: Capital Securities & Investigations, LLC
Address: P.O. Box 585, Ravenna, Ohio 44266

This request and authorization applies to:

_____ Information relating to: _____
_____ Contacting Current Employer: _____
_____ Other: _____

I expressly consent to the exchange of information designated above. I understand that this authorization extends to all or any part of the record designated above.

I understand that I have the right to shorten the authorization period or to revoke this authorization at any time. However, the revocation must be in writing, addressed to Capital Securities & Investigations, LLC. I also understand that if I choose to revoke this authorization, Capital Securities & Investigations, LLC may have already exchanged the above information in reliance on my original decision. In addition, the information that I have authorized to Capital Securities & Investigations, LLC, to be exchanged with another entity may be subject to re-release by the recipient and no longer be protected by federal regulations.

Signature: _____ Date Signed: _____

Witness: _____

.....
I hereby revoke this consent to exchange information.

Signature: _____ Date Signed: _____