



**P.O. Box 585
Ravenna, Ohio 44266
Phone: 330-777-4377
Fax: 330-673-1537**

Authorization to Exchange and/or Validate Copied Information

Client's Name: _____ Date of Birth: _____

Previous Name: _____ SSN: _____

I _____, request and authorize the exchange of information with the below listed company. I understand, agree, and acknowledge a telephonic facsimile or copy of this release shall be as valid as the original. I further agree and consent the following documents listed below (and hereto attached) be it they are a telephonic facsimile or copy, the documents are as valid as the original documents.

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

<u>Doc. Name</u>	<u>Doc. Description</u>	<u>Date Given to Agent</u>	<u>Notes</u>

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 and to the copies of said records.

This authorization is executed with full knowledge and understanding that the parties involved and other acting on it's behalf will take measures to protected the aforementioned against unauthorized disclosure to parties not having legitimated need for in the discharge of official business and will act in good faith to be in compliance.

Signature: _____ Date Signed: _____

Witness: _____