



POLARIS INJURY LAW

ATTORNEYS

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AUTHORIZATION FOR RELEASE OF DEPARTMENT OF LABOR & INDUSTRIES INFORMATION

RE: (Name)

TO WHOM IT MAY CONCERN:

The undersigned does hereby certify that LINGENBRINK CAZARES INJURY LAW, PS is the undersigned's attorneys of record. I have authorized my attorneys, or representatives of their office, to obtain any information regarding me and I acknowledge such authorization as follows:

1. EXTENT OF AUTHORIZATION. This authorization and release shall apply to myself, or to the person whose name appears above, any child of mine, or for any person for whom I am responsible for their care, custody and control. All provisions of this authorization shall apply to such persons.

2. NATURE OF INFORMATION. I hereby authorize any person to provide my attorneys all information requested by them, including but not limited to any and all claim files maintained by the Department of Labor & Industries (which shall be deemed to include all information, records, opinion, reports, x-rays, copies, excerpts or other documents including confidential information, intelligence or psychological testing, educational information and past or present employment records). I understand that my records may contain information regarding the diagnosis or treatment of HIV (AIDS virus), other sexually transmitted diseases, drug and/or alcohol abuse, mental illness or psychiatric treatment. I give my specific authorization for these records to be released in addition to any other requested material from my records.

3. DURATION. This authorization shall remain in effect for a period of 90 days, or until my written revocation, whichever occurs first.

4. COPY IN LIEU OF ORIGINAL. A copy of this signed original authorization shall have the same force and effect as the original.

5. REASON FOR RELEASE. No reason need be given by attorneys for the requested release of any information.

REVOCAION OF PRIOR RELEASES. I hereby revoke all previous authorizations and releases previously supplied to you, or which may have been provided to any other person prior to your receipt of this authorization.

Dated _____

Full Name

Parent/Guardian