

**AUTHORIZATION FOR RELEASE OF RECORDS OF BANKRUPTCY
TRUSTS AND CLAIMS RESOLUTION FACILITIES**

DIRECTED TO: _____ ('The Trust')

RE: _____

RECORDS PERTAINING TO: _____

I HEREBY AUTHORIZE AND REQUEST YOU TO FURNISH TO **QUALITY RECORDS RETRIEVAL, LLC, P.O. BOX 3581, MCKINNEY, TEXAS 75070**, AUTHORIZED AGENT FOR THE LAW FIRM OF _____ THE FOLLOWING:

ANY AND ALL RECORDS INCLUDING CLAIM SUBMISSIONS, CORRESPONDENCE AND ANY INFORMATION REGARDING EXPOSURE TO ASBESTOS OR OTHER HAZARDOUS SUBSTANCES, TRADE AND OCCUPATION INFORMATION, EARNINGS AND ANY DOCUMENTS SUBMITTED BY PLAINTIFF/DECEDENT SEEKING COMPENSATION THROUGH 'THE TRUST'. IN ADDITION, THIS AUTHORIZATION SHALL EXTEND TO ANY AND ALL REPORTS PERTAINING TO MEDICAL SCREENING, ANNUAL PHYSICAL EXAMINATIONS, INCLUDING X-RAYS, MEDICAL EXAMINATION REPORTS. PLAINTIFF/DECEDENT WAIVES ANY PRIVILEGE WHICH PLAINTIFF/DECEDENT MAY HAVE REGARDING SUCH REPORTS, RECORDS AND INFORMATION FOR THE PURPOSE OF THIS LAWSUIT.

- A PHOTOSTATIC COPY OF THIS AUTHORIZATION IS CONSIDERED AS EFFECTIVE AS THE ORIGINAL AND WILL EXPIRE AT THE CONCLUSION OF THE ABOVE REFERENCED MATTER.
- THIS RELEASE OF THE AFOREMENTIONED RECORDS IS ONLY FOR EVALUATION AND USE IN CONNECTION WITH THE MATTER REFERENCED ABOVE.
- I UNDERSTAND I HAVE THE RIGHT TO REVOKE THIS AUTHORIZATION AT ANY TIME PROVIDED THAT THE REVOCATION IS IN WRITING TO WRITTEN DEPOSITION SERVICE AND THE ABOVE LISTED ENTITY.
- I UNDERSTAND THAT AUTHORIZING THE DISCLOSURE OF THIS INFORMATION IS VOLUNTARY. I UNDERSTAND THAT I MAY INSPECT OR COPY THE INFORMATION TO BE USED OR DISCLOSED, AS PROVIDED IN CFR 164.524. I UNDERSTAND THAT ANY DISCLOSURE OF INFORMATION CARRIES WITH IT THE POTENTIAL FOR AN UNAUTHORIZED REDISCLOSURE AND THE INFORMATION MAY NOT BE PROTECTED BY FEDERAL CONFIDENTIALITY RULES.

SIGNATURE OF PLAINTIFF OR AUTHORIZED
REPRESENTATIVE OF DECEDENT (if someone other
than Plaintiff, please list relationship)

DATE: _____