METRO RECORDS SUBPOENA SERVICE

19775 Washtenaw • Harper Woods, Michigan 48225

Phone: 313-372-6525 Email orders: metrorecords@comcast.net

AUTHORIZATION FOR RELEASE OF INSURANCE INFORMATION

To:		
REGARDING:	DOB:	SSN:
Maiden Name or Alias:		
Policy No:		Claim No:
Date of Accident/Inciden	nt:	
personal injury protectio	n papers, billing record	rance entity to release any and all information, includingly, claims information, disability information, photographs incident reports, etc. to: Metro Records Subpoena Service
		g records. The information being sought is to be used in the chorize the release of this information may cause a delay i
A photocopy of this cons	sent is as valid as the o	riginal.
		ne federal and state law and is valid for a period of 12 month ollowing:
FULLY COMPLETE THIS FO	ORM BEFORE SIGNING.	
PATIENT SIGNATURE		DATE
PARENT / LEGAL GUARDIA	N SIGNATURE RELATION	SHIP DATE
PERSONAL REPRESENTATI PLEASE IN	,	DATE AUTHORITY TO ACT FOR THIS INDIVIDUAL
SUBSCRIBED AND SWORN BEFORE M THISDAY OF		
NOTARY PUBLIC	COUNTY	