

48th District Court
RELEASE OF INFORMATION

STATE OF MICHIGAN

CASE # _____

IN THE _____ DISTRICT COURT

FAX # 248-647-8955

I, _____, authorize _____
to release information contained in my case records to the individuals or organizations named
below:

The purpose of such disclosure is:

I understand that my authorization will remain effective from the date of my signature until _____,
and that the information will be handled confidentially in compliance with all applicable laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at
any time by written, dated communication.

I further understand that any and all copying fees must be paid prior to any release of records.

I have read and understand the nature of this release.

Signature

Date

Phone/FAX/email

Witness Signature

Date