

AUTHORIZATION TO DISCLOSE INFORMATION

TO:

RE: Client Name:
 D.O.B.
 Social Security No:
 Address:

I hereby authorize the release and disclose of information regarding

to my attorney, _____, of the Massachusetts Laborers' Legal Services Fund, 1400 District Avenue, Suite 100, Burlington, MA 01803-5201. I also authorize the preparation and release of copies of any papers requested by my attorney.

Dated:

Client Signature