

AUTHORIZATION FOR RECORD REQUEST

To:

Re:

Permission is hereby granted to **BERMAN, BOURNS, AARON & DEMBO, LLC**, whose address is 970 Farmington Avenue, West Hartford, Connecticut, or an authorized representative of said firm, to obtain copies of the

_____	Hospital	_____	Medical
_____	Physician	_____	Psychiatric
_____	Religious Advisor	_____	Police
_____	School	_____	Wage/Salary
_____	Health Care Providers	_____	Personnel/ Employment Records
_____	Accounting/Banking		

record(s) and all information relating to same.

Social Security Number _____

Date of Birth _____

Date:

A photostatic copy of this authorization shall be considered as effective and valid as the original.