



1750 Leonard Street, NE
Grand Rapids, Michigan 49505

AUTHORIZATION TO RELEASE INFORMATION

Complete this form to authorize Velo Law Office to disclose your (Consumer/Debtor) personal and financial information to another person (Representative). In order to process this Authorization, you are also **REQUIRED** to provide a copy of a state issued identification card (eg. drivers license) or passport.

PART 1. CONSUMER/DEBTOR INFORMATION

First, Middle, & Last Name (including AKA's):	
Address, City, State, Zip Code:	
Telephone Number:	Email Address:
Date of Birth:	Social Security Number:
Employer Name:	

PART 2. AUTHORIZATION

This authorization shall be effective against:	<input type="checkbox"/> all claims placed with Velo Law for Collections <input type="checkbox"/> Only Account Number: _____
This authorization shall be effective until:	<input type="checkbox"/> Consumer/Debtor provides a written notice terminating. <input type="checkbox"/> Until (date): _____
This authorization shall include:	<input type="checkbox"/> Any and all information, including documentation. <input type="checkbox"/> Financial information only. <input type="checkbox"/> Limited to: _____

PART 3. REPRESENTATIVE INFORMATION

First, Middle, & Last Name (including AKA's):	
Address, City, State, Zip Code:	
Telephone Number:	Email Address:
Relationship:	

I, Consumer/Debtor hereby authorize Velo Law Office to give any and all information regarding my past or present financial or economic status and to furnish copies of any and all records, accounts, and other documents concerning me to my Representative unless limited under Section 2. This authorization continues until revoked by me in writing unless limited under Section 2. A copy of this release may be used in place of the original.

Signature

Date

A copy of a state issued identification card or passport must be attached. / You MUST complete all sections fully