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Request to Release Confidential Information to Third Party

Client # _____

Client Name: _____

Third Party Name: _____

Client #	
Client Name	
Request Date	
Third Party Name	
Delivery Method	
Contact Information	
Document Requested	
Document Requested (cont.)	
Document Requested (cont.)	

By signing at the space below, I request and authorize Martin H. Chan, P.C. to deliver my confidential information to the third party.

Signature

Date

Please complete and sign this form and send back to us by fax at (267) 200-0001.

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