

**AUTHORIZATION FOR RELEASE OF INFORMATION**

NAME & \_\_\_\_\_  
ADDRESS OF \_\_\_\_\_  
INSTITUTION \_\_\_\_\_

Re: Name: \_\_\_\_\_  
SSN.: \_\_\_\_\_  
Period: \_\_\_\_\_

This form will authorize you to release copies of \_\_\_\_\_  
for the above-named person to:

**SPERBER, HOFFMAN, STEIN & SCAMPOLI, LLP**  
**400 Garden City Plaza, Suite 106**  
**Garden City, New York 11530**  
**info@shsslawfirm.com**

Dated: \_\_\_\_\_

STATE OF NEW YORK    )  
  )s.s.  
COUNTY OF \_\_\_\_\_)

On the \_\_\_\_ day of \_\_\_\_\_ of the year 202\_\_ before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that s/he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public