

AUTHORIZATION TO RELEASE INFORMATION

ATTN: _____
(attorney name)

RE: _____
(client name)

I hereby authorize and direct that the attorney representing me in my case or any successors, assigns, designees, agents, or administrators ("Attorney") to release, disclose, discuss and make available to a representative of LTF Legal Finance ("LTF") any and all information pertaining to the settlement of my case. Please provide copies via fax or email of any and all documents requested by LTF. I also request that my attorney share his candid opinion of my case.

I acknowledge that I understand the benefits and terms of non-recourse funding. These funds will provide me necessary financial assistance until my case is resolved. I further acknowledge that I understand the effects of disclosing the contents of my file, including waiver of the attorney-client and work product privileges.

Thank you in advance for your cooperation.

Applicant's Signature: _____

Printed Name: _____

DATE: _____

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