

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize and direct any individual, organization, or other entity to release any and all information concerning me, to the Federal Public Defender Office, Eastern District of Arkansas. A photocopy of this authorization shall be of the same force and effect as the original.

Signed: _____

Date: _____

SSN: _____

DOB: _____

Name(s) under which information may be filed (please print): _____

WITNESSED BY

Name (please print): _____

Title: _____

Signature: _____

Date: _____

Send Records and Invoice to:

Federal Public Defender Office
1401 West Capitol Avenue Suite 490
Little Rock, Arkansas 72201
(501) 324-6113