

# THE LEGAL PROCESS

---

A Licensed Investigative Agency  
California Bureau of Security and Investigations P.I. #'s: 24124 & 25234  
P.O. BOX 15712  
San Diego, CA 92175

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, authorize any investigator or other duly accredited representative of this licensed investigative agency conducting matters related to me, to obtain any information relating to my activities from individuals, credit bureaus, consumer reporting agencies, collection agencies, businesses, educational facilities, employers, and all criminal investigative or law enforcement agencies, as well as any other sources of information.

I fully understand that, for financial or medical institutions, a separate specific release may be required, and I may be contacted for such a release. Where a separate release may be required, I understand per HIPPA act of 1996 (HIPPA Title II) and all applicable regulations, the release of medical treatment will contain a list of the specific questions and relevant description the attending clinician will be asked.

I further authorize the Prodigy Investigative Group to request criminal record information about me from criminal justice agencies. I understand I may request a copy of all information obtained from any criminal justice agency. I authorize any records custodian and sources of information pertaining to me to release such information upon request of the Prodigy Investigative Group.

Copies of this authorization that show my signature are as valid as the original release signed by me. The authorization is valid for a period of one (1) year from the date signed.

\_\_\_\_\_  
Signature in Ink

\_\_\_\_\_  
Full name (printed) in ink

\_\_\_\_\_  
Current address/Telephone number

\_\_\_\_\_  
Date Signed