



RECORDS IMAGING SERVICE I N C O R P O R A T E D

AUTHORIZATION

Provider: _____

Name on record: _____ DOB: _____

Address: _____

I, the undersigned, hereby authorize the above person(s) to furnish _____ and/or Records Imaging Service, Inc., 815 Superior Ave., East, #1500, Cleveland, Ohio 44114 with any and all information which may be requested regarding myself and to allow them or any person appointed by them to examine or photocopy any records which you may have contained in my file.

Signature

Date

Requesting Firm

By: _____

Job#

Subscribed and sworn to before me this ___ day of _____, 20___.

Notary Public

My commition Expires: _____