

AUTHORITY TO RELEASE RECORDS TO:

BRYCE'S BAIL BONDING, INC.

P.O. Box 206

Higden, Arkansas 72067-0206

Ph # 501-825-6571, Fax # 501-825-6555

NAME OF DEFENDANT: _____

BOND #: _____ DATE: _____

I/We the undersigned do hereby authorize each person, partnership, corporation, governmental body, agency, or court in possession of any and all records concerning me/us (including but not limit to employment history, address changes, driving records, worker's compensation records, criminal records, credit records, bank records, telephone records, utility records, social security records and welfare and school records of any minor child or children of mine) to furnish said records to BRYCE'S BAIL BONDING, INC. and its agents, employees or attorneys. I hereby waive any right to privacy of the information to BRYCE'S BAIL BONDING, INC. I also understand that any information may be disclosed of Part 2 of Title 42 of Code of Federal Regulation governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may also be released to BRYCE'S BAIL BONDING, INC. with my consent.

SIGNATURE _____

SIGNATURE _____

D.O.B. _____

D.O.B. _____

SSN: _____

SSN: _____

DR. LIC #: _____

DR. LIC # _____

SIGNATURE _____

SIGNATURE _____

D.O.B. _____

D.O.B. _____

SSN: _____

SSN: _____

DR. LIC #: _____

DR. LIC # _____

STATE OF ARKANSAS)
SS

COUNTY OF _____)(

SUBSCRIBED and SWORN before me in the aforesaid State and County this _____ day of _____, 20_____

Notary Public

My Commission expires: _____