

CONSENT TO RECEIVE & RELEASE CLIENT RECORDS

I, _____, (Applicant Name), hereby authorize the Law Office of William R. Orr, to Receive and Disclose **Medical, Legal and Other Relevant Records** for the process of working on and settling my workers' compensation case(s) by this attorney.

The Disclosure of Information or Records Authorization herein is generally required for the purpose of updating knowledge for appropriate treatment, reports, action and cooperation.

This Consent is subject to written revocation by the undersigned at any time. Except to the extent that action has already been taken in reliance thereon. If not earlier revoked, it shall terminate upon the end of attorney representation on the workers' compensation case(s).

Date

Applicant Name