



**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., 10 N. Martingale Rd., #400, Schaumburg, IL 60173 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: \_\_\_\_\_