

AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION

I, _____, authorize _____,
(print full name) (month, day, year) (name of bank or financial institution)

its custodian of record, agent or attorney, to release and send all information and records about me or my account concerning _____ to the Minnesota Attorney General's Office.
(account number and/or description of incident or area of dispute)

I am authorizing release of this information to the Attorney General's Office, which may use it now and in the future to investigate, review and/or litigate a complaint I filed with that Office.

I understand that copies of my records may be released to the Attorney General's Office before I have had an opportunity to review the records. I save and hold harmless those who comply with this release, and agree that the entity named above will not be held liable by me for releasing these records or revealing this information.

This written permission is given by me voluntarily. I retain the right to revoke this consent at any time within one year from the date of my signature, except to the extent any person or entity who makes a disclosure or reveals information under this authorization has already taken action and reliance on it.

I understand and agree that a photocopy of this signed authorization shall have the same force and effect of the original. This release is valid for one year.

If the subject of the data is a minor or deceased, I attest that I am authorized by law to sign on the minor or the decedent's behalf.

Name of subject/minor/decedent

Guardian or representative's relationship to subject

Address

Signature of subject/guardian, representative

City, State, Zip

Last 4 digits of your Social Security Number

Date signed