

IRREVOCABLE AUTHORIZATION TO RELEASE INFORMATION

FOR AND IN CONSIDERATION OF THE INDEMNITY AGREEMENT FOR SURETY BOND, COLLATERAL RECEIVED AND CONTINGENT PROMISSORY NOTE, EXECUTED, SIMULTANEOUSLY HEREWITH, I HEREBY WAIVE ANY AND ALL RIGHTS I MAY HAVE UNDER TITLE 29 PRIVACY ACT-FREEDOM OF INFORMATION ACT, TITLE 6 FAIR CREDIT REPORTING ACT, AND ANY OTHER LOCAL, STATE, OR FEDERAL RULES AND REGULATIONS OR LAWS. I GIVE FULL CONSENT TO ALL FLORIDA BAIL BONDS, INC., RICHARD STEIN, AND/OR ALLEGHENY CASUALTY, INTERNATIONAL FIDELITY, ASSOCIATED BOND COMPANIES OR ANY OF ITS AGENTS TO OBTAIN ANY AND ALL PRIVATE AND/OR PUBLIC INFORMATION AND/OR MY MINOR CHILDREN FROM ANY PARTY, AGENCY, ORGANIZATION, OR ANY AFFILIATION, PRIVATE OR PUBLIC, GOVERNMENTAL (LOCAL, STATE, OR FEDERAL), INCLUDING BUT NOT LIMITED TO ANY RECORDS OF THE FOLLOWING: SOCIAL SECURITY, CRIMINAL, CIVIL, DRIVING, TELEPHONE, MEDICAL, SCHOOLS OR ANY LEARNING ESTABLISHMENT, WORKERS COMPENSATION, EMPLOYMENT, ETC. I GIVE FULL AUTHORIZATION, WITHOUT HESITATION OR RESERVATION FOR ANY PARTY, AGENCY, ORGANIZATION, OR ANY AFFILIATION, PRIVATE OR PUBLIC, GOVERNMENTAL (LOCAL, STATE, OR FEDERAL) TO RELEASE AND FURNISH ANY INFORMATION REQUESTED BY ALL FLORIDA BAIL BONDS, INC., RICHARD A. STEIN, AND/OR ALLEGHENY CASUALTY, INTERNATIONAL FIDELITY, ASSOCIATED BOND COMPANIES OR ANY OF ITS AGENTS. ANY PERSON, ENTITY, CORPORATION, ETC. FOLLOWING THESE INSTRUCTIONS WILL BE HELD HARMLESS AND REMAIN CONFIDENTIAL IF NEED BE. THIS FORM WILL BE PLACED INTO EFFECT ONLY IF THERE IS FORFEITURE OR LOSS TO ANY PARTIES NAMED ABOVE TO RECOVER DAMAGES. THIS INFORMATION WILL NOT BE GIVEN TO ANY THIRD PARTIES FOR SOLICITATION.

X _____
SIGNATURE OF RELEASEE

PRINTED FULL NAME

FULL CURRENT ADDRESS

SOCIAL SECURITY NUMBER

STATE I.D. OR D.L. NUMBER

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STATE OF _____, COUNTY OF _____
ON THIS _____ DAY OF _____, 20____, BEFORE ME, AN OFFICER DULY AUTHORIZED TO ADMINISTER OATHS
AND TAKE ACKNOWLEDGEMENTS,

_____ PERSONALLY APPEARED AND EXECUTED THIS FOREGOING INSTRUMENT AND DOES
ACKNOWLEDGE UNDER OATH THEY ARE COMPETENT AND ABLE TO EXECUTE THIS INSTRUMENT. PICTURE ID IS DESCRIBED AS

_____.
WITNESS MY HAND AND OFFICIAL SEAL IN THE COUNTY AND STATE LAST AFORESAID THIS _____ DAY OF _____, 20____.

NOTARY SIGNATURE