**AUTHORIZATION FOR RELEASE OF RECORDS**

To:

Date:

Release: I am the subject of the records requested.

I hereby authorize, request and direct you to immediately release, disclose, and provide access to any and all records as described in the attached GRAMA Request to my attorney:

Benjamin R. Aldana

Utah County Public Defender Association

180 North University Ave. Suite 140

Provo, Utah 84601

Email: bena@utcpd.com

I expressly waive the privilege of confidentiality of the requested records, documents and information with respect to the person identified above.

This authorization shall not expire after a particular period but rather shall remain valid and in effect unless and until canceled in writing by me. Notarized photocopies of this authorization are to be given the same effect as the original.

CLIENT NAME

DOB: 01/01/0000

STATE OF UTAH COUNTY OF UTAH

On the day of , 20 , personally appeared before me, a notary public, the signer of the foregoing instrument, who duly acknowledged to me that he/she executed the same.

My Commission Expires:

NOTARY PUBLIC

State of Utah