

**AUTHORITY TO RELEASE RECORDS TO:**

**J.E. BONDING, INC.**

**P.O. Box 485**

**Higden, Arkansas 72067-0485**

**Ph # 501-825-6500, Fax # 501-825-6555**

NAME OF DEFENDANT: \_\_\_\_\_

BOND #: \_\_\_\_\_ DATE: \_\_\_\_\_

I/We the undersigned do hereby authorize each person, partnership, corporation, governmental body, agency, or court in possession of any and all records concerning me/us (including but not limit to employment history, address changes, driving records, worker's compensation records, criminal records, credit records, bank records, telephone records, utility records, social security records and welfare and school records of any minor child or children of mine) to furnish said records to J.E. BONDING, INC. and its agents, employees or attorneys. I hereby waive any right to privacy of the information to J.E. BONDING, INC. I also understand that any information may be disclosed of Part 2 of Title 42 of Code of Federal Regulation governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may also be released to J.E. BONDING, INC. with my consent.

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

D.O.B. \_\_\_\_\_

D.O.B. \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

DR. LIC #: \_\_\_\_\_

DR. LIC # \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

D.O.B. \_\_\_\_\_

D.O.B. \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

DR. LIC #: \_\_\_\_\_

DR. LIC # \_\_\_\_\_

STATE OF ARKANSAS )  
( SS

COUNTY OF \_\_\_\_\_)(

SUBSCRIBED and SWORN before me in the aforesaid State and County this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_