



24027 RESEARCH DRIVE
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RECORDS@CDSERVICESINC.COM

GENERAL AUTHORIZATION

Deponent: _____

Deponent Address: _____

Name on Record: _____

Address: _____

Date of Birth: _____ SS#: ____-____-____ Other ID: _____

I, the undersigned, hereby authorize the Custodian of the Records of the above-referenced entity to release 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 regarding me or records which you have maintained in my file.

Disclosure is to be made to: **C D SERVICES, INC.** 24027 Research Drive, Farmington Hills, MI 48335 and/or all attorneys of record.

This authorization is for copying purposes only and will be automatically revoked as soon as the purpose for which it has been given has been served.

A photocopy of this document shall be considered valid as if the original were offered.

Subscribed and Sworn to before me this
_____ day of _____, _____.

Notary Public, _____ County,
State of _____.
My Commission Expires: _____

Signature of Person / Legal Representative

CDS JOB #: _____