



**Authorization to Release Information**

I hereby authorize the attorney representing me in my case or any of their successors, assigns, designees, agents or administrators (“Attorney”) to disclose, make available and furnish to Lawsuit Funding Company and any of their affiliates or successors (“LFC”) any and all information pertaining to the settlement of my case as set forth. I specifically direct my attorney to cooperate with LFC regarding disclosure of information related to the settlement of my case. Please provide copies via fax or otherwise of any and all documents requested by LFC. I also request that my attorney share his candid opinion of my case with LFC.

By signing below, I/We certify that all of the information provided to LFC is true and correct. I/we understand that any intentional misrepresentation on my/our part will result in the immediate cancellation of any assignment, loan or purchase made in connection with this application.

Applicant’s Signature: \_\_\_\_\_ Date \_\_\_\_\_

Applicant’s Printed Name: \_\_\_\_\_

FAX BACK TO: (765) 768-4133