Costen Ruiz Law
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Los Angeles, CA 90010
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AUTHORIZATION TO RELEASE INFORMATION

I am the guardian of _____, he/she is represented by the above Law Firm. I hereby authorize the above-named Law Firm to OBTAIN all records and information (with no exclusions), they deem is necessary to represent him/her.

I understand the need for, and the implications of, this authorization to release information of the person who is a minor (legal guardian allowing Costen Ruiz Law) the authorization/request to release or obtain information being made voluntarily on their part. I understand that I may revoke this consent in writing at any time except to the extent that action based on this consent has already been taken. I understand that unless I revoke this release, it remains effective indefinitely.

_____	_____	_____
Date	Signature of Guardian	Print Name of Guardian
_____	_____	_____
Date	Signature of Client	Print Name of Client
_____	_____	_____
Date	Attorney of Representation	Bar Number