AUTHORIZATION FOR RELEASE OF RECORDS AND INFORMATION

To: FORMER OR CURRENT ATTORNEY
180 N. LaSalle Street
Chicago, IL 60601

Please take notice of the following (the checked boxes apply):

[ ] I have retained the following attorney with respect to immigration matters you are handling for:

[ ] I am seeking a second opinion from the new attorney. You are not discharged as my attorney.

[ ] You are hereby discharged as my attorney with respect to all immigration matters related to me. Please take no further action except those listed below with respect to such matters.

[ ] At your earliest opportunity, please forward to the new attorney [ ] a copy of [ ] the original of your complete files for such matters including but not limited to: government filings, notices and decisions; correspondence; documents provided by us or supplied by third parties; recorded mental impressions, research notes, legal theories, and un-filed draft documents.

[ ] Please cooperate by advising the new attorney of any upcoming deadlines which must be met and providing any other information which the new attorney may request.

[ ] If in the future you receive any communication regarding such matters from another source (including but not limited to the Department of Homeland Security, Department of Labor, or State Department), please forward [ ] a copy of [ ] the original of such communication to the new attorney.

[ ] I further authorize any and all representatives of _____ to discuss my records with my new attorney and legal representatives at_____.

Thank you for your attention to this matter.

_____ _____

John Doe, DOB _____ Date
1234 Main Street
Chicago, IL 60618