

CONSENT TO RELEASE CONSUMER CREDIT REPORT

PLEASE READ CAREFULLY

BY MY SIGNATURE BELOW I AUTHORIZE THE LAW OFFICES OF _____ to obtain a Consumer Credit Report on me. This authorization is valid for purposes of consultation or representation in connection with a bankruptcy case.

Consumer's Name:

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____

Current Street Address:

City, State, Zip Code:

Telephone Number _____

Signature _____

Date _____

FAX TO (insert law firm's fax number)