

**THE KARP LAW FIRM, P.A.
WAIVER OF CONFIDENTIALITY**

The Karp Law Firm will release information about your legal matter ONLY to persons you have authorized to receive it. Use this form to identify any authorized individuals.

1. This form must be completed in full and signed. If not signed in the presence of an attorney of The Karp Law Firm, it also must be notarized below.
2. If married and both spouses are clients, each spouse must complete and submit his/her own form.
3. If you wish to revoke authorization for any of these persons in the future, you must notify The Karp Law Firm in writing by mail or fax (not Email).
4. The completed form must be mailed or faxed to us. Do not Email.

Mailing Address: The Karp Law Firm, P.A., 2875 PGA Blvd., Suite 100, Palm Beach Gardens, FL 33410

FAX: (561) 625-0060

I authorize The Karp Law Firm to release my confidential information to person(s) listed below. (If you are married, also list your spouse if you wish to authorize him/her to receive your confidential information.)

Name of Authorized Person	Authorized Person's Relationship To You

Your Name (Print) _____ **Your Signature** _____ **Date** _____

******NOTARY******

Required only if client does not sign this form in the presence of a Karp Law Firm Attorney

Signed or acknowledged before me by _____ on this _____ day of 20_____.

Signed or acknowledged before me by _____ who is known to me, or who has produced _____ identification (*indicate whether known or what identification was produced*)

on this _____ day of 20_____.

Notary signature _____ Notary Stamp: