

GULF COAST ATTORNEYS LLC

REQUEST AND AUTHORIZATION TO RELEASE CLIENT FILE

Drop off at front desk, return by mail, or via email to reception@gulfcoastattorneys.com

CLIENT: \_\_\_\_\_

PHONE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ALT PHONE#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I hereby request and authorize the release of my file to  MYSELF /  MY NEW ATTORNEY as I have indicated below on this form or  I DO NOT WANT A COPY OF MY FILE.

DATE: \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_

CHECK (ONE) OPTION BELOW AND INITIAL

I would like a **paper copy** of my file. (copy fees may apply)

I understand that choosing a paper copy of my file means that I will personally need to pick the file up once I have been contacted that it is ready.

Initials: \_\_\_\_\_

I would like a **digital copy** of my file emailed to me.

I understand that my file will only be delivered to me digitally via the email address I have provided on this form as above.

Initials: \_\_\_\_\_

I would like a **digital copy** of my file on a flash drive.

I understand that my file will only be delivered to me digitally on a flash drive. I understand that I will need to provide a **new, unopened flash drive** for my file to be copied to.

Initials: \_\_\_\_\_

I would like a copy of my file **sent to another attorney**.

I understand that my file will only be delivered to the attorney named on this form. I understand that it is at the discretion of Gulf Coast Attorneys LLC to choose the method of delivery of my file to my new attorney.

Attorney's name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Initials: \_\_\_\_\_

FOR OFFICE USE ONLY

RECIEPT FOR RELEASE OF CLIENT FILE

FOR OFFICE USE ONLY

I hereby acknowledge that I have received a copy of my client file from Gulf Coast Attorneys LLC. I understand that a copy of my client file will be kept for a period of six (6) years and that after that time I will no longer be able to request a copy.

CLIENT NAME: \_\_\_\_\_

FILE #: \_\_\_\_\_

FILE RELEASED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_