

RECORDS RELEASE

We require certain information regarding your claim or lawsuit for our underwriting process. Please sign this Records Release, authorizing your attorney to share information about your claim or lawsuit with us.

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|--|--------------------------|
| Dear Attorney _____ | |
| I/We, the undersigned, hereby request and authorize your firm to cooperate and release to Lawsuit Funding Network, Inc. ("LSFN"), or its affiliates, * any and all information and documents pertaining to my/our current claim or lawsuit, including pleadings, discovery, investigation, contracts, medical records/report, deposition, and all other information in the file not protected by the attorney-client privilege, the work product doctrine, or other applicable evidentiary privileges or protections. A copy and/or facsimile of this release bearing the signature of the undersigned shall be deemed to be the equivalent of the original. | |
| Thank you. | |
| _____ Print Name | _____ Date |
| _____ Signature | _____ Social Security |