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Date: _____

Client Name: _____

I(We) authorize D.K. Arndt, P.C. to release the below requested information to a third party that is not necessarily a client of the firm. This authorization is solely intended for the use of the third party and no other parties are permitted to receive any of my(our) information without written consent.

Information requested (please check all that apply, and give additional instructions if required):

Tax Return: _____	Specify years: _____
Depreciation: _____	Specify years: _____
Financial Statements: _____	Specify years: _____

Other information: _____

Third Party information:

Name: _____
 E-mail Address: _____
 Phone: _____
 Street Address: _____
 City, State Zip _____

Signature of client: _____ Date: _____