

**AUTHORIZATION FOR RELEASE OF ACADEMIC RECORDS**

**Plaintiff/Patient's Name:**

**Date of Birth:**

**Social Security No.:**

**Current Address:**

**TO:**

You are hereby authorized to disclose, make available and furnish to Drinker Biddle & Reath LLP, 500 Campus Drive, Florham Park, NJ 07932, copies of any and all documents relating to enrollment at the school, including but not limited to the complete academic file including documents reflecting courses taken, teachers, grades and standardized test results.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2009

\_\_\_\_\_  
Signature of Plaintiff

\_\_\_\_\_  
Print or Type Name

Sworn to and subscribed before me this

\_\_\_\_ day of \_\_\_\_\_, 2009