

**POWELL DEFENDANTS SETTLEMENT
AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

I, _____, hereby authorize Luzerne County Department of Juvenile Probation and/or Domestic Relations to release my entire file and related documents to the Powell Defendant Settlement Claims Committee. The Claims Committee is comprised of attorneys from the law firms of Hangley Aronchick Segal Pudlin & Schiller; Caroselli, Beachler, McTiernan & Conboy, LLC; Anapol Schwartz; and the Juvenile Law Center pursuant to order of the United States District Court for the Middle District of Pennsylvania.

I authorize records to be mailed to:

Powell Defendant Claims Committee
CAROSELLI BEACHLER
20 Stanwix Street, 7th Floor
Pittsburgh, PA 15222

This authorization will remain in effect until I revoke such authorization in writing.

Signature Printed Name

Today's Date Date of Birth

If party is a minor, parent/natural guardian must sign the Release Form on the minor's behalf.

Signature of Parent/Guardian Printed Name of Parent/Guardian

Minor's Name Minor's Date of Birth

Today's Date