

Alvarez and Suarez Support, Inc

4747 West Waters Ave, #107

Tampa, FL 33614

Phone: (813)964-6228 – Fax: (813)964-6229

www.waivercare.com



AUTHORIZATION TO RELEASE INFORMATION

Name: _____ DOB: _____

Social Security #: _____

I request and authorize _____ to
release my information to:

Name: **Alvarez and Suarez Support, Inc**

Address: 4747 West Waters Ave, #107

City: Tampa State: FL Zip Code: 33614

This request and authorization applies to:

Employment verification: _____

Other: _____

Signature: _____ Date Signed: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.