

GOODFELLAS BAIL BONDS "Forget About It"
AUTHORIZED WAIVER OF PRIVACY

I _____, hereby release any and all information and/or records of a private nature GOODFELLAS BAIL BONDS ALLEGHENY CASUALTY SURETY CO. their agents, representatives, company investigators, any and all assisting law enforcement agencies, and/or attorneys, for the purpose locating my whereabouts or for the purpose of investigating my whereabouts and/or associations, whether directly or indirectly, as deemed necessary and at the sole discretion of those conducting such investigation(s). Such records and/or information will include but is not limited to, any and all bank and/or other financial institutional statements or account information, tax records, medical/dental records, postal and billing (utilities, telephone, etc.) information. All military records, credit cards, court records, criminal histories, criminal records, employment records, employment benefit records and social security records. Further, I hereby hold harmless any and all individuals, companies, agencies, organizations or entities that act under compliance of this waiver of privacy from any legal actions, be they civil, criminal or otherwise. If necessary, GOODFELLAS BAIL BONDS ALLEGHENY CASUALTY SURETY CO. may garnish my wages or lien and confiscate my property if the principal does not fulfill their obligation with the court.

Acknowledged, authorized and signed by:

Signature of person making the release

NOTARY IF REQUIRED:

Signed and sealed before me this _____ day of _____, _____.

Notary Public

(_____) STAMP