

**The Karp Law Firm, P.A.**  
**Waiver of Confidentiality Form**

The Karp Law Firm will release information about your legal matter only to persons you have so authorized.  
Use this form to identify your authorized individuals.

1. This form must be completed in full, signed, and notarized.
2. If married and both spouses are clients, each spouse must complete and submit his/her own form.
3. The signed, dated and notarized form can be mailed or faxed to us.

Mail to: The Karp Law Firm, 2875 PGA Blvd., Suite 100, Palm Beach Gardens, FL 33410

Fax to: (561) 625-0060

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**I authorize The Karp Law Firm to release my confidential information to the individuals listed below. If you are married, remember to list your spouse if you wish to authorize him/her to receive your confidential information. To revoke authorization for any of these individuals in the future, I understand that I must notify The Karp Law Firm in writing.**

*Please Print Clearly*

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Your Name (Print): \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY**

Notary Public: \_\_\_\_\_ Title Or Rank: \_\_\_\_\_

Name of Acknowledger: \_\_\_\_\_ Serial Number, if Any: \_\_\_\_\_