

APPENDIX A

AUTHORIZATION FOR RELEASE OF CLAIMS INFORMATION

A. Claimant

Name:	Last Name	First Name	Middle Initial
Name of Business (If Claimant is a Business) :	Full Name of Business		
Deepwater Horizon Settlement Program Claimant Number:			

B. Authorized Recipient

Name:	Last Name	First Name	Middle Initial
Organization:	Full Name of Organization		
	Street	Apt/Suite/Unit	
	City	State	Zip Code
	Telephone	Email	

C. Signature

I authorize the Claims Administrator of the Deepwater Horizon Economic and Property Damages Settlement Agreement to release to the Authorized Recipient named above all information and documents regarding any claim I have submitted to the Claims Administrator or that I previously submitted to the Gulf Coast Claims Facility or the Transition Process. My consent to release of my claims information and documents shall continue to be in force and effect unless and until I notify the Claims Administrator in writing that I revoke this authorization.

Signature:			
Name of Person Signing	Last Name	First Name	Middle Initial
Title (If Claimant is a Business)			
Representative Capacity (If Claimant is Deceased, a Minor, or Legally Incapacitated):			
Date:	____/____/____ (Month/Day/Year)		