



Client Consent to Obtain/Release Information

Client Name: _____

Date of Birth: _____

I give permission to Rolling Plains Management Corporation to obtain/release any information with other individuals, businesses, or organizations in order to provide services and secure resources on my behalf. I understand this may include accessing my personal user name and password to access the Services. I understand that Rolling Plains Management has an obligation to keep my personal information, identifying information, and my records confidential. I understand that information will be shared only when necessary/applicable to my case.

I certify that the information on this application is correct and I understand that receipt or assistance through misrepresentation or fraud is punishable by fine or imprisonment.

Client Signature: _____

Print Name: _____

Date: _____