Date: [Date]

To:
[Name of Records Custodian]
[Name of Institution/Organization]
[Address]
[City, State, Zip Code]

Re: Authorization to Release Records/Evidence
Case Name: [Case Name/Reference Number]
Subject Name: [Name of Individual the Records Pertain To]
Date of Birth/ID Number: [Identifier]

To the Records Custodian:

I am the attorney representing [Client Name] in the above-referenced matter. This letter serves as a formal instruction to release the following evidence and/or records currently in your possession:

[List specific records, files, or physical evidence to be released]

Please release these materials directly to our designated expert witness:

Expert Name: [Name of Expert Witness]
Firm/Company: [Name of Expert's Firm]
Address: [Expert's Mailing Address]
Phone Number: [Expert's Phone Number]
Email: [Expert's Email Address]

The expert is authorized to [receive copies / take temporary possession / inspect] the items listed above for the purpose of forensic analysis and expert testimony. Please ensure that a proper chain of custody form is completed upon the transfer of any physical evidence.

Attached to this letter is a signed [Release of Information / HIPAA Authorization / Court Order] granting permission for this disclosure.

Please contact my office at [Your Phone Number] if there are any fees associated with this request or if you require further documentation.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Law Firm Name]
[Your Bar Number]