[Client Name]
[Client Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Attorney Name or Law Firm Name]
[Law Firm Address]
[City, State, Zip Code]

RE: Authorization for Destruction of Confidential Legal Files

To [Attorney Name or Firm Contact],

I, [Client Name], am writing to formally authorize the destruction of my legal files and records currently held by [Law Firm Name] regarding the following matter(s):

Case/Matter Name: [Description of Case]
File/Matter Number(s): [File Number(s)]

I understand that these files contain confidential and sensitive information. I hereby authorize your firm to securely destroy these records in a manner that ensures confidentiality is maintained (e.g., professional shredding or secure electronic deletion).

By signing this letter, I acknowledge that:

- I have been given the opportunity to request and receive the original file or specific documents from the file.
- I waive any further right to possess these files.
- I understand that once destroyed, these documents cannot be recovered.
- I release [Law Firm Name] from any liability or responsibility related to the retention or future production of these records.

Please proceed with the destruction of these files effective immediately.

Sincerely,

_____
[Client Signature]

[Client Printed Name]