# Consent to Release Information to Law Society of Alberta and ALIA

**[This is a sample only - modify as appropriate]**

I authorize the Law Society of Alberta and ALIA to disclose information regarding my membership and insurance status, and that of my professional corporation, to my Successor Lawyer and Alternate, and to accept direction from them regarding changes or renewal of either.

Successor Lawyer’s Name:

Address:

Phone number: Email:

Alternate Lawyer’s Name:

Address:

Phone number: Email:

I have authority to sign this document and authorize the use or disclosure of protected information to my Successor Lawyer and Alternate. There are no claims or orders pending or in effect that would prohibit, limit or otherwise restrict my ability to authorize the use or disclosure of this information.

Executed in the \_\_\_\_\_\_\_\_\_\_[City/Town] of \_\_\_\_\_\_\_\_\_\_\_\_, in the Province of .

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