

## Authorization for Verbal Contact with SF-DCT

I, \_\_\_\_\_ (Your Name)

Of \_\_\_\_\_ (Your city and state)

Authorize \_\_\_\_\_ (Name of person) to verbally discuss all aspects of my Claim with SF-DCT and for SF-DCT to verbally disclose and discuss all aspects of my Claim(s) with such person.

This authorization takes effect immediately and shall continue until terminated in writing by myself. My death will also automatically terminate this authorization. I agree to indemnify and to hold SF-DCT harmless for any Claim(s) that arise because of their reliance on this authorization.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Claimant SSN

### Notary Certificate (Must be completed by Notary Public)

Signed: This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
State of: \_\_\_\_\_ County of: \_\_\_\_\_

On the date written above, the principal declared to me that this instrument is his/her authorization and that s/he willingly executed it as a free and voluntary act. The principal is known to me and signed this document in my presence.

\_\_\_\_\_  
Notary Public  
State of \_\_\_\_\_  
My commission expires: \_\_\_\_\_

(Notary Seal)