Consent to Release Confidential Information

MLS

I	[Print Name] hereby authorize and request,
Name:	Rapattoni Corporation
Address:	98 West Cochran St., Simi, Los Angeles, CA 93065
to release confide Name:	ential information, to wit records of my use of the MLS, to David Balter
Title/Functions:	Attorney for State Labor Commissioner
Address:	455 Golden Gate Ave. 9 th Flr.
	San Francisco, CA 94102
	nation shall be limited to the following purpose(s): oor Commissioner v. Ziprealty
writing, and that l	any cancellation or modifications of this authorization must be in I have a right to receive a copy of this authorization. A photocopy of shall be as effective and valid as the original.
This authorization	n shall remain valid until: Jan 1, 2014.
from the release of	ease all parties stated here within from any legal liability resulting of this information, with the understanding that all parties involved copriate safeguards while using this information
Signature	Date