

AOL Authorization Form

I, _____, as the authorized *billing contact* for the below listed AOL LLC ("AOL") email address(es) authorize the release of the following information from AOL (please describe, in detail, what you authorize for release):

I, request the released information be sent to: _____

For verification purposes, please provide the following information:

Full Name on AOL Account: _____
Phone Number on AOL Account: _____
Method of Payment Listed on Account: _____
Last Four Digits of Payment Method Listed on the Account: _____

Please initial the following:

_____ I swear and affirm that I am the *sole user* of the email address(es) for which I am requesting the release of the above information.

_____ I swear and affirm that I have not granted access or given the password(s) for the above email address(es) to anyone else, and to the best of my knowledge the above listed email address(es) have never been used by anyone other than me.

_____ I swear and affirm that I am an originator, addressee or intended recipient of all stored communications for which I am requesting a release.

_____ I also understand that AOL does not maintain any stored electronic communications on its computer servers that is not directly accessible by me as the user of the above listed email address(es).

_____ I swear and affirm that I am the authorized billing contact for the AOL account for which I am requesting the release of the above information.

_____ I understand that if I am requesting email, that AOL will not search my email by keywords or any other parameters; that if I am requesting email I will receive the entire contents of my email box (all of which is also accessible to me).

_____ I understand that AOL charges \$125.00 per hour for research and administrative costs related to any requests, \$14.00 per Federal Express and 25 cents per copy. Payment must be received before any information will be released.

_____ Further, I do hereby agree to hold harmless and do forever hold harmless AOL LLC, for the release of such information pursuant to this authorization and do forever waive on my behalf, and on behalf of all my heirs and assigns, any and all claims arising in whole or in part as a result of AOL's disclosure of information pursuant to this authorization. I further agree to indemnify AOL LLC, and its officers, directors, and employees, against any claim or cause of action arising in whole or in part from AOL's disclosure of information pursuant to this authorization including all costs and reasonable attorneys' fees.

(Member Signature) (Date)

SUBSCRIBED AND SWORN to before me this ___ day of _____ 20__.

Notary Public

My Commission Expires: _____

Send original signed and notarized form to:
AOL LLC, Legal Department,
Attn: Tara Jones
P. O. Box 65771
Sterling, VA 20165-8806