

AUTHORIZATION TO RELEASE INFORMATION

The undersigned does hereby authorize any city, county, state or federal government office, agency, or representative thereof or any person, corporation, partnership or other such entity, to use the attached Department of Veterans Affairs letters of April 15th, 2011, April 19th, 2011, and April 20th, 2011 as needed for any and all Agent Orange claims or proceedings by any Veteran or organization seeking Agent Orange relief.

A copy or photocopy of this authorization bearing a photocopy of my signature shall serve in all cases as full as if it were the original.

IN WITNESS WHEREOF, I have set my hand and seal this 25th day of April, 2011.


BILLY D. POSTON
XX-XXX-535

STATE OF ARKANSAS)
)ss
COUNTY OF SEBASTIAN)

Subscribed and sworn to before me this 25th day of April, 2011.


Notary Public

My Commission Expires:

