

**AUTHORIZATION AND RELEASE
FOR EDUCATIONAL RECORDS**

Name and address of the educational institution authorized to make the requested disclosure:

Name: _____
Address: _____

Student Name: _____ Date of Birth: _____
Social Security Number: _____

I authorize all holders of **educational records** to furnish copies of any and all recorded information, including by way of example, but not limited to the following:

all school records including application and admission paperwork, attendance records, transcripts, report cards, diplomas, health and physical examination records, counseling records, immunization records, nurses notes, disciplinary records, correspondence and any and all other information and records pertaining to the above individual.

I authorize you to release the protected educational information to the following, who have agreed to pay reasonable charges made by you to supply copies of such records:

**Catherine B. Stevens
Quinn Emanuel Urquhart & Sullivan, LLP
51 Madison Avenue, 22nd Floor
New York, NY 10010**

**RecordTrak
651 Allendale Road
P.O. Box 61591
King of Prussia, PA 19406**

I acknowledge the right to revoke this authorization by writing to the attorney at the above-referenced address. However, I understand that any actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I acknowledge the potential for information disclosed pursuant to this authorization to be subject to redisclosure by the recipient and no longer be protected by federal or state law, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Any facsimile, copy or photocopy of the authorization shall authorize you to release the records herein. This authorization remains in effect for the duration of my litigation involving Pfizer Inc.

Signature of Student or Personal Representative

Dated

Name of Student or Personal Representative

Description of Personal Representative's Authority to Sign for Student