



**RETURN CUSTOMER CONSENT FORM BY FAX TO 888-938-4715
OR EMAIL TO GLDC@ATT.COM FOR PROCESSING.**

AT&T CUSTOMER AUTHORIZATION FOR RELEASE OF RECORDS

Pursuant to 18 U.S.C. 2703(c) and 47 U.S.C. 222, I, _____,
herby authorize (Name of Account Holder)

AT&T to release my records to (check one of the boxes below):

- Myself (if selected ONLY complete sections 1 & 2)
- Third Party Agency, e.g. law enforcement or attorney (if selected complete sections 1 – 4 below)

Section 1: Customer Information

Account Holder (Print Name): _____

Last 4 of SS# (if applicable): XXX-XX _____

Address of account holder: _____

Contact number of account holder: _____

Cellular/Landline number of records being provided: _____

Start date of records: _____

End date of records: _____

BILLING: A processing fee of \$70.00 will be billed for all customer consent requests. We ask that you include payment with the returned form. This form must be completed by the account holder. If the information provided does not match our records, the processing fee of \$70.00 will still apply and records will not be provided. As a reminder, AT&T postpaid records can be found online for the previous 16 months. www.att.com

By signing below you agree with the charges associated

Signature of Customer of Record (Account Holder): _____



Section 2: Type of Records Requested

Check boxes that apply:

- Outgoing Call records
- Outgoing Text records
- Statements/invoices pertaining to my telephone service for month and year. (Ex. 01/2019 – 03/2019)
- Other _____

Section 3: Agency Information

Name of agency to receive information: _____

Name of person to receive information: _____

Address of Agency: _____

Reference or case number (if applicable): _____

Contact number of person: _____

Fax number (if available): _____

Email address (if available): _____

Preferred method to send records to agency (check one): Mail Fax Email

Section 4: Notary Certificate

STATE OF _____

COUNTY OF _____

The foregoing Customer Authorization was sworn to and subscribed before me this _____

by _____

(Customer Name)

(date)

who is personally known to me or has produced a _____ as identification.

(form of photo identification produced)



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CREDIT CARD PAYMENT FORM

Invoice Information:

Matter ID (If provided): _____

Date: _____

Amount: \$ _____

Customer Information:

Name as it Appears on Credit Card: _____

Phone Number: _____

Credit Card Number: _____

Expiration Date: _____

Total Amount To Be Authorized: \$ _____

TRANSACTION WILL APPEAR AS "AT&T POS" ON STATEMENT.

CREDIT CARD RECEIPT REQUESTED VIA:

_____ OR _____
EMAIL ADDRESS FAX NUMBER