

Vista Points, Inc.

FIRST PARTY

Special Needs Trust Administration

**General Authorization
and Request for Release of Information**

(Individual Release – Beneficiary)

TO: All State and Federal Agencies in the United States of America,
Vendors, Facilities and other Providers

I, the undersigned, _____,
hereby authorize by my signature below the release of any and all
information to Vista Points, Inc., and/or its employees or agents. Such
information shall include but not be limited to any and all current income
and asset information as well as information regarding services or
payments due to providers for the Beneficiary of the Trust.

Dated this _____ day of _____, 20_____.

Signature: _____

(Beneficiary)

Social Security Number: _____

**This information is only for Vista Points' records. Vista Points does not give this information to any entity nor does Vista Points use this information to conduct any background or credit check.*

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