

**AUTHORIZATION TO OBTAIN CLAIM INFORMATION SUBMITTED TO A
BANKRUPTCY TRUST CREATED UNDER 11 U.S.C. §524(g)**

CLAIMANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO. _____

For the purpose of review and evaluation in connection with a legal claim, I hereby expressly authorize the Manville Personal Injury Settlement Trust [hereinafter "Trust"] to release any and all information and supporting documentation submitted by the Claimant, or on his behalf, asserting a claim for compensation against the Trust as a result of the Claimant's exposure to asbestos-containing product(s) manufactured, sold or distributed by the bankrupt debtor(s) represented by the Trust. This request shall include any and all Applications, any and all amendments to Applications, all supporting documentation to the Application(s), and all other claims information including all supporting documentation. All documents and claim information alleging or referring to the Claimant's exposure to any asbestos or asbestos-containing product shall be included in the production.

The undersigned understands that the requested information may also include documentation of the Claimant's medical treatment for physical and mental illness, which the undersigned expressly authorizes the Trust to release to the requesting party as designated below.

The undersigned has been advised of and is fully aware of any and all rights set forth under state and federal law that may control the handling and release of privileged and confidential information, including all such rights related to medical information, and including but not limited to those set forth under the Health Insurance Portability and Accountability Act ("HIPAA"). In that connection, the undersigned waives and releases the Trust from any and all claims, causes of action, lawsuits, or liability of any kind based upon or arising out of the Trust's providing these materials. Any facsimile, copy or photocopy of this Authorization shall authorize the Trust to release the records, documents, and materials requested herein.

This Authorization will expire in six months from the date designated below and shall be deemed in full force and effect during said time period.

Date

Signature of Claimant or Representative

Relationship if not Signed by Claimant Personally

Date

Attorney for Claimant

Sworn to before me and subscribed in my presence this ____ day of _____, _____

Notary Public
My Commission Expires _____

ACKNOWLEDGEMENT

The undersigned, as the party requesting the foregoing records, documents and claims information, hereby represents that the attorney for the Claimant or the Claimant's representative named in the foregoing Authorization has been provided notice that this Authorization will be used to request records from the subject Bankruptcy Trust. Said attorney for the Claimant or the Claimant's representative named in the foregoing Authorization has also been afforded an opportunity to order copies of the records received by the undersigned, provided copying costs are reimbursed.

Record Requestor Signature: _____

Date: _____