Windows Live Hotmail Authorization to Release Account Information Voluntary Consent Form And Declaration

I,	, understand that
	(hereinafter "Agency") is conducting an
officia	al investigation. I knowingly and voluntarily grant my consent authorizing the Agency to
receiv	ve, review, copy and otherwise utilize as they deem appropriate for said investigation, all
inform	nation as checked below,
	Registration/Billing Data
	IP Logs
	All email content
	Contents of all address book(s)/list(s)
	Contents of Messenger Buddies list
	by Microsoft Corporation (hereinafter "MS") or Microsoft Corporation relating to my ows Live Hotmail account,, also as listed below.
	by expressly authorize MS to release to the Agency all information (as checked above) held S relating to my Windows Live Hotmail account listed above.
for the Authorny he relatin	by release MS, their directors, officers, employees, agents, successors and assigns from and e release of information related to my Windows Live Hotmail Account pursuant to this orization, and do forever waive and covenant not to sue on my behalf and on behalf of all eirs and assigns, any and all claims or causes of action, known or unknown, arising out of oring to, in whole or in part, MS's disclosure of information related to my Windows Live ail Account pursuant to this Authorization.
agains whole	by indemnify and hold MS, and its, and their successors and assigns harmless from and st any and all claims, damages, liabilities, fees, and expenses relating to or arising, out of, in e or in part, MS's release of information related to my Windows Live Hotmail Account ant to this Authorization.
(Prov	ide the following information, matching that of the account in question)
Acco	unt Logon Name:
First a	and Last Name on the Account:

City, State, Zip (country/postal code):	
Approximate date of Creation:	
Approximate date of last Login:	
ISP(s) Used to connect to internet (Internet Service Providers: e.g. AOL, Earthlink, C	Comcast):
Where do you usually connect to the internet (e.g. home, work, school)	
DECLARATION	
I,, declare under penalty of perjury under the	laws of the
State of that I am the Primary Account Holder and that al	l of the
above information is true and correct.	
Primary Account Holder's Signature:	
Printed Name:	
Date:	
WITNESSED BY:	
Signature of Agency representative:	
Print name of Agency representative:	
Date:	