Microsoft^{*}



Authorization to Release Account Information Voluntary Consent Form And Declaration

I,	, understand that
	(hereinafter "Agency") is conducting an
official investigation. I knowingly and	voluntarily grant my consent authorizing the Agency to
receive, review, copy and otherwise util	lize as they deem appropriate for said investigation, all
information as checked below,	
Registration/Billing Data	
IP Logs	
Detailed Billing History	
	fter "MS") or Microsoft Corporation relating to any y credit card, including an purchase(s) for:
type of service:	gamertag:
	ount names, if known.) Also as listed below:

I hereby expressly authorize MS to release to the Agency all information (as checked above) held by MS relating to subscription services purchased with my credit card as listed below.

I hereby release MS, their directors, officers, employees, agents, successors and assigns from and for the release of information related to subscription services purchased with my credit card pursuant to this Authorization, and do forever waive and covenant not to sue on my behalf and on behalf of all my heirs and assigns, any and all claims or causes of action, known or unknown, arising out of or relating to, in whole or in part, MS's disclosure of information related to my subscription services purchased with my credit card pursuant to this Authorization.

I hereby indemnify and hold MS, and its, and their successors and assigns harmless from and against any and all claims, damages, liabilities, fees, and expenses relating to or arising, out of, on whole or in part, MS's release of information related to subscription services purchased with my credit card pursuant to this Authorization.

(Provide the following information, mate	thing that of the account in question)
First and Last Name on the Credit Card:	
Type/Credit Card Number:	
	Expires:
Approximate date of Credit Card Purcha	se(s):
Items Purchased:	
Date when unit went missing:	
Xbox help desk SR#:	
Serial number of unit:	
DECLARATION	
I,	_, declare under penalty of perjury under the laws of the
State of that	I am the Primary Account Holder and that all of the
above information is true and correct.	
Printed Name:	
WITNESSED BY:	
Signature of Agency representative:	
Print name of Agency representative:	
Date:	