



**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](http://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)