FILE TRANSFER AUTHORIZATION

 TO: Revolution Ink Studio

117 S. Green River Rd.

Evansville, IN 47715-7314

RE: Client Name:

I hereby authorize and direct the immediate transfer of all of my files, documents, records, and information, including, but not limited to, all originals and all copies of any Semi-Permanent Cosmetics Disclosure & Release Form(s), Plasma Skin Tightening Disclosure & Consent form(s), photographs or images of me or of any part of my face or body, billing and payment records, and any and all other documents or things relating in any manner to me, however designated, stored, or maintained, from Revolution Ink Studio to Addison M. Edge. By doing so, I hereby discharge Revolution Ink Studio from any further professional obligation(s) to me, effective as of the date of delivery of all such files, documents, records, and information to Addison M. Edge.

By:

Signature of Client

Date: