EXHIBIT A

Authorization Form for Use and Disclosure of Plaintiff Bankruptcy Information					
To:					
Re:	Plaintiff	's Name:	Last	First	MI
	Date of	of Birth:/	/	Social Security No.:	
	Plaint	iff's Address:			
I. RECORDS/INFORMATION TO BE DISCLOSED: This authorization appli or documents in your control or possession, whether or not created by you, it to, the types of records listed below and including, but not limited to, all ele stored records as well as all hard copies of records or documents. (All documents and information shall be provided in their entirety).					, including but not limited
	A.	All claims made which are paid an		r on behalf of the plaintiff by a	ny party, including claims
	В.	All plaintiff cla	aims information	including claim forms, empl e information and affidavits;	oyment records, product
	C.	Any and all doc plaintiff;	uments or inform	ation provided to the trust in su	upport of or in relation to
	D.		orts, test results of of the aforemention	other documents concerning the plaintiff;	e medical care, treatment,
	E.	exchanged betwe		lectronic communication and/ laintiff and/or any other party co plaintiff's claim:	
	F.		tements of payme	nts made to the plaintiff or his/h	er representative including
	G.	All information	related to studies	or research done by the trust o nents and valuation;	r its managers to evaluate
	H.	All information	related to the ba	ankruptcy trust procedure for n n related to receipt of plaintiff's	
	I.		related to the b ment of claims.	bankruptcy trusts procedure fo	r submission, evaluation,
II.	PERSONS, FACILITY, ORGANIZATION, OR CLASS OF PERSONS AUTHORIZED TO DISCLOSE RECORDS/INFORMATION: The following persons or organizations are authorized to make the requested use or disclosure of my above-identified protected personal and health information: See the attached court order, signed by Federal Magistrate David R. Strawbridge.				
III.	PERSONS, FACILITY, ORGANIZATION AUTHORIZED TO RECEIVE THE RECORDS/INFORMATION: The following persons or organizations are authorized to receive my above-identified protected health information: Cascino Vaughan Law Offices, Ltd.; Forman Perry Watkins Krutz and Tardy, LLP, as representative for numerous defense firms as well as any other defense firm who represents a pending party in this litigation as reflected on the court docketing system (PACER).				

IV. PURPOSE FOR AUTHORIZATION: This authorized use or disclosure is for the following specific

purpose(s): at the request of the individual plaintiff/or plaintiff's representative for use in civil litigation in a civil action concerning asbestos exposures brought on behalf of the plaintiff and currently pending in the U.S. District Court for the Eastern District of Pennsylvania.

- V. EXPIRATION OF AUTHORIZATION: This authorization will expire six months after the date of signature.
- VI. AUTHORIZING SIGNATURE OF PLAINTIFF OR PLAINTIFF'S REPRESENTATIVE: I authorize the use or disclosure of the records/information described below and:
 - A. I am not required to sign this authorization and may in fact refuse to sign this authorization.
 - B. I understand that the authorized entity will not condition my claim or any payment made thereon based on my signing this authorization.
 - C. I understand that if the person or entity that receives the described records/information is not subject to federal privacy regulations or other laws then the records/information may be redisclosed and are no longer protected by those regulations.
 - D. I know that I may inspect or copy the information sought to be used or disclosed in this authorization as permitted by the Federal privacy regulations.
 - E. I know that I have the right to revoke this authorization at any time. My revocation must be in writing and must bear my signature. My revocation must be submitted to the authorized entity named above.
 - F. I understand that if I do revoke this authorization, however, my revocation will not affect any prior actions taken in reliance on this authorization.

A photostatic and/or a *PDF* copy of this authorization shall be considered as effective and valid as the original.

I certify that I have read, signed, and received a copy of this authorization.

Signature of Plaintiff's Counsel

Date of Signature

Printed Name of Plaintiff's Counsel

Address of Plaintiff's Counsel