

**PRINT OR COPY THIS ON YOUR LETTERHEAD**  
**SIMPLY SIGN AND DATE**  
**SPYGLASS WILL COMPLETE PROVIDER INFORMATION SECTION**  
**DELETE THIS TEXT**

**Letter of Agency – Authorization to Access  
Telephone Provider Records**

By signing this letter below, I am giving authorization to The SpyGlass Group, LLC and its affiliates (a) to access any and all customer service records, account information, contracts, long distance carrier information, pending order activity and/or any other information relevant to my local or long distance telecommunications service (voice or data), and (b) to establish electronic or online access to any billing for such service, if not already established, or if already established, to be provided login information for such electronic or online access. At SpyGlass' request, I give authorization to Provider to transmit customer service records and any requested documentation via email, fax to 440-348-9355 or mail to The SpyGlass Group, LLC, 25777 Detroit Rd., Ste. 400, Westlake, Ohio 44145. I represent that I have the authority to execute this form and grant this permission and I hereby desire for SpyGlass to be added as an authorized point of contact (POC) for these accounts. This permission shall remain in effect until I affirmatively revoke it. If I withdraw the authorization set forth in this Letter, I will notify Provider immediately in writing.

Client Information:

Signing Employee's Name: Travis Hamby  
Company Name: Allen County Board of Education  
Address: 570 Oliver St  
City, State, Zip: Scottsville, KY 42164  
Telephone: (270) 618-3181

Provider Information:

Provider Name: \_\_\_\_\_  
Account Number (s): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_