

EMPLOYMENT RECORDS AUTHORIZATION

TO:

The undersigned hereby authorizes you to forward to the law firm of _____

any and all records, reports, or other information, to include wage verification, which they request, concerning my employment with you, at the latter's request and expense. The undersigned further states that photostatic copies of this authorization shall have the full force and effect of the original.

Dated this _____ day of _____, 20_____.

SIGNATURE

Social Security No. _____ - _____ - _____

Date of Birth ____/____/____

STATE OF _____)
_____) ss:
COUNTY OF _____)

On this _____ day of _____, 20_____, before me, a Notary Public in and for the county and state aforesaid, appeared _____, personally known to me to be the same person who executed the above instrument and duly acknowledged the execution of the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the date last above written.

Notary Public

My Appointment Expires:

Revised: 5-19-99