AUTHORIZATION FOR RELEASE OF EMPLOYMENT/PAYROLL RECORDS

TO:

Name of Employer

Address (Street, City, State, Zip Code)

RE: Plaintiff/Employee Name(s): ----------------------------

Date of Birth:

Social Security Number: - -

RE: Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_ --\_\_\_\_--\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize you to release and furnish to:

 [INSERT DEFENSE COUNSEL]

and/or his/her/their designated agent, [insert agent, if any], all my employment/personnel/payroll records, including the following:

• All information, including but not limited to any and all employment records, personnel records, applications for employment, W-2 forms, documents related to the beginning of and termination of employment, employee performance evaluations, payroll records, vacation and illness benefits and use, reprimand/commendation notices, and all other documents, papers, checks and ledgers showing wages, salaries, other earnings and employee benefits, and the amount of time and number of days worked.

The release of the information listed above is being authorized for purposes of compliance with discovery in the captioned litigation. Any person, firm, or entity that releases information pursuant to this authorization is absolved from any liability that might otherwise result from the release of this information. I understand that I have the right to revoke this authorization at any time by providing to you a written revocation and agree to simultaneously provide a copy of such revocation to the record requestors identified above. I also understand that any revocation will not apply to information that has already been released in response to this authorization. *Unless otherwise revoked, this authorization shall be continuing in nature and will expire at the conclusion of my involvement in the captioned litigation.*

A notarized signature is not required. A facsimile, copy or photocopy of this Authorization shall have the same force as an original.

I have read the above and authorize the disclosure of my employment/payroll/personnel information as stated.

Plaintiff/Employee [Please Print) Signature

Social Security Number Date