AUTHORIZATION TO RELEASE WAGE AND EMPLOYMENT INFORMATION

| TO: |
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| |
| I,, hereby authorize any employer by whom I have been |
| employed or sought employment, any labor union of which I am or have been a member, and |
| , to release unto the Law Offices of |
| , its agents, employees or representatives, any information which |
| may be requested relative to my employment, past or present, employment applications, |
| information pertaining to my wages, and other related matters, and to furnish any copies of any |
| and all records which you may have concerning me regarding or in connection with my |
| employment. Your cooperation with my attorneys is requested. |
| The foregoing authorization shall continue in force until revoked by me in writing. A |
| photocopy of this authorization shall have the same force and effect as the original. |
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| S.S. NO: |
| RETURN REQUESTED INFORMATION TO: |
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