AUTHORIZATION FOR WAGE AND EMPLOYMENT INFORMATION

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This is to advise that I have employed the law firm of, to represent
me in connection with a claim for personal injuries. My said attorney is desirous of obtaining
information as to the period of my employment, the wages I received with your company, the
period of time I was off work as a result of my injury and/or the wages I have lost because of my
accident. I hereby consent and authorize you to furnish them any information which you may
have concerning my employment, the wages that I received or any other information they
request. I request that you allow them to view your records concerning my employment and
wages and talk with you about the same. I request your cooperation with them. I HEREBY
REVOKE ALL PRIOR AUTHORIZATIONS AND I REQUEST THAT YOU NOT FURNISH
INFORMATION TO ANYONE OTHER THAN MY SAID ATTORNEYS.

Very truly yours,	