

AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

To: _____

Re: _____

SS#: _____

DOB: _____

You are hereby authorized and directed to permit the examination of, and the copying or reproduction of, in any manner, whether mechanical, photographic or otherwise, by **David A. Simpson of Simpson Law Firm, P.A.** or such other persona as he may authorize, at his expense, all or any portions desired by him of the following:

Employment records, unemployment records, employment application forms, pre-employment physical examination forms, pay records, and/or receipts, health reports, accident reports and evaluations, promotion reports, discharge forms and/or reports, supervisor reports and evaluations, insurance forms, income tax statements filed on his behalf, and personnel records including W-2 or any 1099's.

You are further authorized and directed to furnish oral and written reports to **David A. Simpson of Simpson Law Firm, P.A.**, as requested by him on any of the foregoing matters.

It is further stated that a xerox or machine copy of this authorization will have the same force and effect as the original.

SIGNATURE

DATE

NAME (Please print here)