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AUTHORIZATION TO OBTAIN EMPLOYMENT INFORMATION

You are hereby authorized to release to *my attorney JUSTIN ZIEGLER, P.L.*, any and all information which may be required regarding my employment, including, but not limited to, copies of my personnel record (including performance evaluations), salary information, wage statements, or any other information requested by him.

DO NOT release any information whatsoever to any other party without my express written authority. This includes insurance companies or agents, other attorneys, investigators, or any other person inquiring after such information.

I HEREBY release and discharge the Company, its parent, affiliates, agents (including record custodians), servants, employees, officers and directors, and their predecessors, successors, and assigns from any and all liability for damages of whatever kind of nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

This authorization is valid for the duration of the case, and I agree a photocopy of it is as valid as the original. All previous authorizations are void.

Employee _____

Employee Signature _____

Social Security Number _____