

EMPLOYMENT and UNION MEMBERSHIP RECORDS AUTHORIZATION

TO:

RE:

SS#

Period of Employment:

You are hereby authorized and directed to furnish to Johnson Law Offices, attorneys at law or any person designated by them, for inspection and/or copying, any and all records, reports, correspondence, health records, health and hearing test results and writings in your possession regarding my employment and/or union membership work history.

This information is to be used in a legal action.

I hereby revoke any previous authorizations given by me for the release of such information, and I request that no person, other than my attorneys be given these records without my consent.

A photostatic copy of this Authorization shall be considered as effective and valid as the original.

SIGNATURE _____

Dated this _____ day of _____, 200__.

Return the information requested herein to:

Johnson Law Offices
P. O. Box 161
Evansville, WI 53536

Telephone: (608) 882-6571
Fax: (608) 882-6585
E-mail: johnsonlaw@johnsonlawoffices.net