

AUTHORIZATION TO COPY EMPLOYMENT RECORDS

TO: _____

REGARDING: _____

DATE OF BIRTH: _____ SS#: _____

I, THE UNDERSIGNED, HEREBY AUTHORIZE YOU, AND ANY PERSON ASSOCIATED WITH YOU, TO GIVE

OR RECORD COPY SERVICES ANY AND ALL INFORMATION WHICH MAY BE REQUESTED REGARDING MY EMPLOYMENT. THIS INCLUDES BUT IS NOT LIMITED TO PAYROLL RECORDS, EARNINGS RECORDS, LEDGER SHEETS, RATE OF PAY, W-2 TAX FORMS, TIME CARDS OR ATTENDANCE SHEETS, EMPLOYMENT APPLICATIONS, PERSONNEL FILE, PHYSICAL EXAMINATION REPORTS, PHYSICIAN'S REPORTS, MEDICAL FILES, WORKMENS COMPENSATION RECORDS, ACCIDENT REPORTS, INSURANCE RECORDS, ALL CORRESPONDENCE AND ANY AND ALL OTHER RECORDS AND INFORMATION IN YOUR POSSESSION PERTAINING TO MY EMPLOYMENT.

ANY COPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS VALID AS THE ORIGINAL.

DATE

EMPLOYEE'S SIGNATURE

DATE

PARENT/LEGAL GUARDIAN SIGNATURE

RELATIONSHIP