

Employment Information Release

To: _____

Address: _____

City, State, Zip: _____

This form, signed by me, shall constitute written authorization for you to provide to Robert E. Peterson, Attorney at Law, or any designated representative thereof, any and all information concerning my employment by _____, including, but not limited to hours worked, overtime worked, hourly and overtime wages, and any and all loss of time from work as a result of my accident of _____ (date).

This authorization shall supersede and make null and void any and all previous authorizations signed by me or any representative acting on my behalf and shall continue in full effect until revoked by me or my duly designated representative in writing.

Signature

Printed Name

Sworn to and subscribed before me this _____ day of _____, 20__.

My Commission Expires: