**A U T H O R I Z A T I O N**

**TO:** [NAME OF EMPLOYER]

[address]

**RE:**  [Name]

S.I.N. #: \*

EMPLOYED WITH \* FROM \* TO \*

DATES OF LOSS: \*

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**I DO HEREBY AUTHORIZE AND DIRECT YOU** to deliver to:

LAW FIRM

a copy of my complete employment file, including but not limited to payroll information, application for employment, vacation and sick time records and any reviews, reports or correspondence within the file.

**AND THIS SHALL BE** your good and sufficient authority for so doing.

**DATED** at                      , this day of , 202\*.

**WITNESS \* [Name]**