State of Idaho Industrial Commission State House Mail P.O. Box 83720 Boise, Id. 83720-0041

Attention Records Department:

Fax: 208-334-2321

Consent Release

I	, also known as	
(Print full name)	,	(Include maiden / prior married)
Date of Birth:	, Social Security Number:	,
hereby authorize(Compa	to receive a	any and all information
concerning myself during the pa	ast five years, contained wit	hin the files of the
State of Idaho Industrial Commi	ssion.	
(Signature)		(Date)

Please remit to:

Personnel Plus Tony Mayer 111 Filer Ave. Twin Falls, Id. 83301 Phone: (208) 733-7300

Fax: (208) 733-7362