

AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

TO:

RE: (Plaintiff's name)

Date of Birth: _____

Social Security No.: _____

You are hereby authorized and directed to release and provide _____ or its representatives any and all records, including but not limited to the types of records listed below and including but not limited to all electronically generated or stored records:

1. Attendance records;
2. Records of claims made for work-related injuries;
3. Records of all claims for health, accident or disability benefits;
4. All records pertaining to any claim for injuries allegedly due to exposure to asbestos or other materials in the course of his employment;
5. All medical reports and records, infirmary records, return to work slips, medical excuses and accident reports;
6. Records pertaining in any manner to any health screening or educational sessions in which the aforementioned person participated regarding his claimed exposure to asbestos or other materials or conditions during the course of his employment;
7. All logs and/or other records reflecting work at off-site work locations;
8. Application and/or resume;
9. Employee evaluations and/or training records; and
10. Changes in position and/or pay raises.

Copies of the above-referenced materials should be numbered. A photostatic copy of this Authorization shall be considered as effective and valid as the original.

DATED this ____ day of _____ 200_____.

(Plaintiff's name)