



Record Retrieval | Court Reporting | Litigation Support

AUTHORIZATION FOR RELEASE OF INFORMATION

I do hereby authorize _____ to release information to America First Legal Services, Inc. or an assigned representative thereof, a true and correct copy of my entire employment file, employment application(s), personnel file, payroll records, tax records, application(s) for benefits, and attendance records. This authorization extends to copies of any and all insurance records, including but not limited to claims for medical benefits, and medical records concerning my past, present, and future physical condition, as well as any information concerning costs and expenses incurred for medical treatment that may be included in my file.

I hereby waive any claims of privilege and confidentiality. Any copy of this authorization is valid as the original.

Employee Signature

Dates of Employment

Employee Name

Location

Date of Birth

Last Supervisor

Social Security Number

Date of Authorization