

**AUTHORIZATION TO RELEASE EMPLOYMENT/WAGE VERIFICATION**

To:

I, \_\_\_\_\_ hereby consent to the copying and release of all information regarding my present or past employment to the law firm of UDALL, SHUMWAY & LYONS, P.L.C., or any representative thereof. Such employment information shall include, but is not limited to, any and all employment records, memoranda, correspondence, reports, or documents whether prepared by you or other persons, including employment applications, complete personnel file and attendance records, vacation schedules, sick leave and/or prolonged absences, time cards, W-2 forms and payroll records.

You are requested to disclose no information to any other persons without my express written consent. A photocopy of this authorization shall be as valid and acceptable as the original and applies to past and future records.

In furtherance of this authorization, I hereby waive all provisions of law and privilege relating to the disclosures hereby authorized.

DATED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SS#: \_\_\_\_\_