

**EMPLOYEE RECORDS AUTHORIZATION**

TO:

RE: Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

You are hereby authorized and permitted to disclose to Walk & Murphy, P.L.C., attorneys, and/or Aaron R. Murphy and/or Mark L. Walk, and/or their designated agents or representatives, and/or \_\_\_\_\_ all employment records of \_\_\_\_\_. This includes but is not limited to: personnel file, application for employment, salary/wage information, employment history, payroll records, internal reviews, medical and/or health care records, and all other documents in your possession or under your control regarding me, and to permit said attorneys to make photocopies or other copies of any of said records, as they desire.

A copy of this authorization shall have the same force and effect as the original.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature