Legal-Ease
Digital Imaging
A Limited Liability Company

2496 Meadowcroft Dr
Burton, MI . 48519
855.534.4003 / 810.234.7799
p 810.547.4030 f

Authorization for Release of Employment Information

Employer Name: _____

Employer Address: _____

Employee Name: _____ **DOB**_____ **SSN**_____

I, the undersigned, hereby authorize the above-named facility, its directors or agents, to release the information and records of the Employee named above. I authorize my information to be released to the Recipient listed below for purposes of legal discovery, reproduction and distribution in the course of litigation.

Recipient: Legal-Ease Digital Imaging, LLC
2496 Meadowcroft Dr
Burton, MI 48519

I understand the records may include, but are not limited to, payroll or other earning records, rates of pay, attendance forms, personnel file, employment applications and resumes, tax forms, physical examination testing and reports, drug testing, medical files, accident reports, workers compensation records, insurance records, correspondence, and any and all other information in the Employer's possession pertaining to my employment.

I further understand this release gives the above Recipient the authority to examine and/or photocopy any records or information pertaining to my employment with said Employer through the course of the pending litigation and may no longer be protected by the Federal Privacy Rules or other such applicable laws.

I understand this authorization expires (60) Days after it is signed or until revoked by me in writing. I understand that I may revoke this consent at any time, in writing to the Employer and the Recipient identified above, except to the extent action has already been taken to comply with it.

I understand and fully endorse that a photocopy, scanned image, fax or an e-mail of this authorization shall have the same force and effect as the original.

_____ _____
Employee Signature Date

_____ _____
Parent/Legal Guardian Signature Date

Subscribed and Sworn before me
this _____ day of _____, 20_____

_____
Notary Public: _____County
My Commission Expires:_____