AUTHORIZATION TO COPY EMPLOYMENT RECORDS

TO:				
REGARDING:				_
DATE OF BIRTH:		SS#:		
I, THE UNDERSIGNED, H	HEREBY AUTHORIZE	YOU, AND ANY PERSON AS	SOCIATED WITH YOU, T	O GIVE
EMPLOYMENT. THIS INC LEDGER SHEETS, RATE EMPLOYMENT APPLICA' REPORTS, MEDICAL FIL	CLUDES BUT IS NOT E OF PAY, W-2 TAX FO TIONS, PERSONNEL ES, WORKMENS COI SPONDENCE AND AN	INFORMATION WHICH MAY LIMITED TO PAYROLL RECO DRMS, TIME CARDS OR ATT FILE, PHYSICAL EXAMINATI MPENSATION RECORDS, AC IY AND ALL OTHER RECORD MENT.	DRDS, EARNINGS RECOF ENDANCE SHEETS, ION REPORTS, PHYSICIA CCIDENT REPORTS, INSU	RDS, AN'S JRANCE
ANY COPY OF THIS AUT	THORIZATION SHALL	BE CONSIDERED AS VALID	AS THE ORIGINAL.	
DATE EI	MPLOYEE'S SIGNATI	JRE		
DATE P	ARENT/LEGAL GUAR	RDIAN SIGNATURE	RELATIONSHIP	