

WAGE AUTHORIZATION

TO WHOM IT MAY CONCERN:

I hereby authorize _____
and any other firm or employer with whom I am or have been employed to release all employment records
and information in their possession regarding my wages, hours worked, time lost from work and nature of
my employment to any representative of

_____.

Upon presentation of this authorization (or a photocopy), you are authorized to release a copy of these
records to any representative of

_____.

WITNESS(ES):

SIGNATURE(S):

Witness

Signature

Witness

Date

Claim Number