

**AUTHORIZATION TO DISCLOSE EMPLOYMENT/PAYROLL/WORKERS
COMPENSATION RECORDS OR RELATED INFORMATION**

Directed To: _____

Records Pertaining To: _____ Date of Birth: _____

Re: Case Style: _____

I hereby authorize and request you to furnish to **WRITTEN DEPOSITION SERVICE, L.L.C,**
1755 WHITTINGTON PLACE, STE 750 DALLAS, TEXAS 75234, authorized litigation
record retrieval service for the Law Firm of _____, the following
information:

- Entire Contents of Personnel/Payroll Files (to include ***any and all records***) OR – select the following: absentee records/ Attendance records/Time records/Sick Time Reports
- Wage/Payroll Ledgers/ Compensation Records/W-2's/1099's, Tax Forms/Salary Reports
- Performance Evaluations/Disciplinary Records/Termination Records
- Medical Records/Pre-Employment Physical Screenings/Tests Results
- Benefits/Insurance/401-K and Retirement Plan Information
- Workers Compensation/Incident Reports/Accident Reports/Unemployment Benefits

- A PHOTOSTATIC COPY OF THIS AUTHORIZATION IS CONSIDERED AS EFFECTIVE AS THE ORIGINAL AND WILL EXPIRE AT THE CONCLUSION OF THIS LITIGATION

- THIS RELEASE OF THE AFOREMENTIONED RECORD IS ONLY FOR EVALUATION AND USE IN CONNECTION WITH CIVIL LITIGATION REFERENCED ABOVE.

- I UNDERSTAND I HAVE THE RIGHT TO REVOKE THIS AUTHORIZATION AT ANY TIME PROVIDED THAT THE REVOCATION IS IN WRITING TO WRITTEN DEPOSITION SERVICE AND THE EMPLOYER LISTED ABOVE.

- I UNDERSTAND THAT AUTHORIZING THE DISCLOSURE OF THIS INFORMATION IS VOLUNTARY. I UNDERSTAND THAT I MAY INSPECT OR COPY THE INFORMATION TO BE USED OR DISCLOSED AS PROVIDED IN FEDERAL STATUTES. I UNDERSTAND THAT ANY DISCLOSURE OF INFORMATION CARRIES WITH IT THE POTENTIAL FOR AN UNAUTHORIZED RE-DISCLOSURE AND THE INFORMATION MAY NOT BE PROTECTED BY FEDERAL CONFIDENTIALITY RULES.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____