LAW OFFICE OF
RUBEN M. RUIZ
ATTORNEYS AT LAW
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AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

TO: _____

REGARDING EMPLOYEE: _____

DATE OF BIRTH: __/__/__

I, THE ABOVE-NAMED EMPLOYEE, HEREBY AUTHORIZE any and all employers of mine, past and present, any and all Employee Unions and/or Employee Associations, and/or other like employee organizations and employment related organization of which I am, or ever have been, an employee and/or member, to release to my attorneys, **RUBEN M. RUIZ**, and their agents, for their use in their representation of me. The records to which this AUTHORIZATION pertains include but are not limited to the following:

A. My entire Personnel File;
B. All of my payroll records; and,
C. Any and all other related records which pertain to me which are in the possession of the recipient of this AUTHORIZATION.

I UNDERSTAND that any information obtained pursuant to this AUTHORIZATION by my attorneys, their representatives, associates and other employees and/or agents, which does not pertain specifically to the issues of the matter in which said attorneys, their representatives, associates and other employees and/or agents presently represent my interests, shall not be released to any other person, firm or legal entity, or may lawfully be used for any purpose other than representing my legal interests.

I UNDERSTAND that the information obtained by my attorneys, their representatives, associates and other employees and/or agents pursuant to this AUTHORIZATION, shall include but not be limited to matters which pertain to the matter for which said attorneys, their representatives, associates and other employees and/or agents, represent my legal interests.

I AGREE that this AUTHORIZATION shall be valid for a period of five (5) years from the date adjacent to my signature, below, and that a photostatic copy of this AUTHORIZATION shall be as valid as the original thereof.

I HAVE READ THIS AUTHORIZATION AND UNDERSTAND EACH AND EVERY OF ITS PROVISIONS.

DATED: _____

By: _____
CLAIMANT/EMPLOYEE