

AUTHORIZATION FOR RELEASE OF INFORMATION

TO	_____	RE: _____
	_____	SSN: _____
	_____	DOB: _____
	_____	D/I: _____

This is to authorize my employer and/or any agent thereof to furnish my lawyers, **NAGER, ROMAINE & SCHNEIBERG CO., L.P.A.**, and/or any representative thereof, located at 425 West Lakeside Avenue, Suite #100, Cleveland, Ohio 44113-1025, with any and all information pertaining to my employment. This Authorization includes, but is not limited to, payroll, scheduling, vacation or sick time, wage verification, leave of absence and/or any additional information relating to my employment with your company. I hereby waive any privilege to said information to my named attorney.

A copy of this Authorization Shall Serve as if it was an Original

X	_____	_____
	Employee	Date