



**Legal-Ease**  
**Digital Imaging**  
*A Limited Liability Company*

P.O. Box 1017  
Flint, Michigan 48501-1017  
855.534.4003 / 810.234.7799 p  
810.547.4030 f

Authorization for Release of  
Employment Information

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

Employee Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

I, the undersigned, hereby authorize the above-named facility, its directors or agents, to release the information and records of the Employee named above. I authorize my information to be released to the Recipient listed below for purposes of legal discovery, reproduction and distribution in the course of litigation.

Recipient: Legal-Ease Digital Imaging, LLC  
P.O. Box 1017  
Flint, MI 48501-1017

I understand the records may include, but are not limited to, payroll or other earning records, rates of pay, attendance forms, personnel file, employment applications and resumes, tax forms, physical examination testing and reports, drug testing, medical files, accident reports, workers compensation records, insurance records, correspondence, and any and all other information in the Employer's possession pertaining to my employment.

I further understand this release gives the above Recipient the authority to examine and/or photocopy any records or information pertaining to my employment with said Employer through the course of the pending litigation and may no longer be protected by the Federal Privacy Rules or other such applicable laws.

I further understand this authorization also permits, but does not require, oral communications regarding my employment between agents of the Receiving Party and the Releasing Party identified above.

I understand this authorization expires twelve (12) months after it is signed or until revoked by me in writing. I understand that I may revoke this consent at any time, in writing to the Employer and the Recipient identified above, except to the extent action has already been taken to comply with it.

I understand and fully endorse that a photocopy, scanned image, fax or an e-mail of this authorization shall have the same force and effect as the original.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Subscribed and Sworn before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public: \_\_\_\_\_ County  
My Commission Expires: \_\_\_\_\_