

Form- Employment Authorization

CLIENT: _____

Form - Employment Authorization

To Whom It May Concern:

This Authorization, or a photocopy thereof, will permit the law firm of _____, or its representatives or the bearer, to inspect, review, and make copies, including photocopies, or any and all employment records regarding myself, including, but not limited to, application for employment, medical leave, vacation leave, sick leave, termination papers, and any other materials contained in said employment records of the undersigned.

(Name of Client)

Attorney for (Client's Name)