

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

Directed To: \_\_\_\_\_  
Records Pertaining To: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Case Style: \_\_\_\_\_

I hereby authorize and request you to furnish to **QUALITY RECORDS RETRIEVAL, LLC, P.O. BOX 3581, MCKINNEY, TEXAS 75070**, the authorized agent 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: \_\_\_\_\_