

Name: _____

Date of Birth: _____

S.S.N: _____

I, hereby authorize

to release or disclose the below referenced information regarding my employment:

ENTIRE EMPLOYMENT FILE (Any and all information regarding my employment history, including but not limited to records concerning dates of employment, attendance, compensation and discipline)

OTHER (as specified):

I authorize you to release the information to:

CEFARATTI RECORD RETRIEVAL
4608 St. Clair Avenue
Cleveland, Ohio 44103
Fax: (216)912-0001

This authorization shall expire one year from the date of my signature below. I understand that I have the right to revoke this authorization at any time by providing written notice to Cefaratti Group at the address noted hereon. I understand that I have a right to a copy of my signed authorization upon request at the time of signing.

Date signed

Signature