



Sep 16 2011
4:09PM

**AUTHORIZATION AND DIRECTION FOR DISCLOSURE
AND RELEASE OF EMPLOYEE/PERSONNEL RECORDS**

EMPLOYER:

Name: _____

Address: _____

EMPLOYEE:

Name: _____

Date of Birth: _____

Social Security No: _____

YOU ARE HEREBY AUTHORIZED AND DIRECTED to disclose and release to the law firm of **Liskow & Lewis, One Shell Square, 701 Poydras Street, Suite 5000, New Orleans, LA 70139-5099**, and/or its duly authorized representative any and all records, files, documents and other information concerning my employment with the above person, firm, corporation or entity.

Dated this _____ day of _____ 201__.

Employee Signature

Printed Employee Signature

Employee Address