

AUTHORIZATION FOR RELEASE OF EMPLOYMENT-RELATED INFORMATION

TO (fill in name and address of employer):

You are hereby authorized to release any and all information, documents, records and reports concerning my employment, or my potential employment, by you to the Law Firm of Carl Kiss, 888 S.W. Fifth Avenue, Suite 650, Portland, OR 97204, or to any representative, attorney or investigator from said firm. You may release records relating to application for a position, wages, absenteeism, job performance, medical condition, and any other employment-related matters. You may also prepare a report regarding any of these matters for said law firm upon its request for same, and release said report to said firm.

I specifically authorize the release of information pertaining to drug or alcohol abuse and psychological or psychiatric treatment, if such are a part of your records.

THIS AUTHORIZATION REVOKES ANY AND ALL PRIOR AUTHORIZATIONS TO RELEASE INFORMATION CONCERNING ME, EXCEPT AUTHORIZATIONS PROVIDED BY LAW. YOU ARE AUTHORIZED TO DISCLOSE NO INFORMATION TO ANYONE ELSE WITHOUT MY PRIOR WRITTEN AUTHORIZATION.

DATED this ____ day of _____, 200__.

Employee

My Social Security Number: _____