

EMPLOYMENT AUTHORIZATION

I, \_\_\_\_\_, HEREBY AUTHORIZE any and all of my current and/or former employers to send to my attorneys, Keatts and Horton, LLC, any and all records pertaining to my wages and terms of employment.

DATE OF ACCIDENT: \_\_\_\_\_

CLIENT: \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_

SSN: \_\_\_\_\_

D/O/B: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_