

AUTHORIZATION FOR THE RELEASE OF EMPLOYMENT INFORMATION

_____, (SSN _____) pursuant to the Bullard-Plawecki Employee Right to Know Act (“the Act”) hereby authorizes his/her employer and a Plan Administrator and/or fiduciaries to provide any and all information regarding his/her employment, benefits information, and, if requested, a full and complete copy of his personnel file, to John Joseph Conway, Esq. of John J. Conway, P.C., 645 Griswold Street, Suite 3600, Detroit, MI 48226 (313-961-6525) or anyone whom the Firm designates.

A copy of this authorization may be submitted in place of the original.

This authorization is valid for six (6) months from the date of signature.

By: _____

DATED

Subscribed and sworn to before me,
a Notary Public, on _____,

_____, Notary Public
_____ County, _____
My Commission Expires: _____