

**AUTHORIZATION FOR THE RELEASE
OF
EMPLOYMENT AND BENEFIT INFORMATION**

_____, (SSN _____) pursuant to the Bullard-Plawecki Employee Right to Know Act (“the Act”) hereby authorizes his/her employer to provide any and all information regarding his/her employment, including a full and complete copy of his/her personnel file to John Joseph Conway, Esq., whose office is located at 645 Griswold Street, Suite 3600, Detroit, MI 48226, or anyone whom he designates.

_____, (SSN _____) also authorizes the Plan Administrator of any Employee Benefit Plan of which he/she was or is a participant to provide any and all information regarding his/her employee benefits, including a full and complete copy of any plan documents to John Joseph Conway, Esq. whose office is located at 645 Griswold Street Suite 3600 Detroit MI 48226, or anyone whom he designates.

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

By: _____

_____ DATED:

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

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