

Employment Record Release Authorization

Regarding: _____

SSN: _____ File #: _____

To:

Any and all information regarding employment to include and not limited to earnings, withholdings, schedules, hours, notes, reports, reviews etc. for the period of employment.

This is my Authorization for Release to:

And the Authorized Agent of: The Echo Company
 P.O. Box 340927 Sacramento CA 95834
 (916) 646-1936 (916) 646-1946 fax
 www.theechocompany.com
 info@theechocompany.com

Signature of Employee: _____

Printed Name of Employee: _____

Date: _____

The above authorization, signed by the present or past insured, authorizes you to deliver or make available for process all claims information for the above named policy holder to the representative named herein. This authorization is to be used in lieu of a Subpoena Duces Tecum requiring a personal appearance by you or the custodian named of record. If you are unwilling to release named record, we will proceed with issue and serve as stated.