

**AUTHORIZATION FOR USE AND DISCLOSURE OF EMPLOYMENT RECORDS**

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

By signing this form, I hereby authorize: (employer name)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To disclose the information described below to:

LAW OFFICES OF CHARLES A. CERUSSI, P.C.  
600 Broad Street  
Suite C  
Shrewsbury, NJ 07702-4117

The undersigned authorizes you, the employer, to furnish all information you may have regarding my wages, salary, or other accrued income while employed by you to the entity listed above. This information is to include attendance records, W-4 forms, W-2 forms, payroll records, records of claims for disability, and records of Workers' Compensation claims.

A photocopy of this document shall have the same authority as the original, and may be substituted in its place. Copies of the above materials are to be provided at the expense of the requesting entity listed above.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name