

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____ DATE: _____

I hereby request and authorize WorkSource to release all information which it may have on file, i.e., electronically or in original form.

Signature of Customer

Full Name: _____

Address: _____

Social Security Number: _____

Thank you for your Cooperation.

NOTARY STAMP:

Subscribed and sworn before me,

_____ personally appeared before me and who is personally known or has produced _____ as identification and who (did or did not) take an oath this ____ day of _____.

Printed/Stamped/Typed Name-Notary Public

Signature – Notary Public

Serial Number, if any

Commission Expires: _____