

**LAW OFFICES OF
TAD J. BISTOR, LLC**

POST OFFICE BOX 1454
HARTFORD, CONNECTICUT 06144-1454
TELEPHONE (860) 570-1435
FACSIMILE (860) 570-1292
EMAIL TAD@BISTORLAW.COM
ALT. EMAIL BISTORLAW@GMAIL.COM

ALSO ADMITTED IN NEW YORK

AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

Employee: _____ DOB: _____ SS#: _____

I, the undersigned, hereby authorize my employer, _____
to release to the **Law Offices of Tad J. Bistor, LLC, P.O. Box 1454, Hartford, Connecticut 06144**
any information requested concerning my employment, including, but not limited to, payroll, personnel,
benefits, and attendance records.

This consent to disclose information may be revoked by me at any time except to the extent that action
has been taken in reliance thereon.

Please honor a photocopy of this Authorization as fully as the original.

Date: _____

Signature of Employee (or Authorized Person if Employee
is under 18 years of age or is unable to sign)

If Authorized Person, Relationship of Authorized Person