IN THE CIRCUIT COURT OF CLAY COUNTY, MISSOURI

Case	Number:	
	AUTHORIZATION TO RELEASE EMPLOYEE BENEFITS	<u>INFORMATION</u>
ТО:		
RE:	Social Security #:	
	You are hereby authorized and requested to permit	, or his/her/its
author	zed representatives, to examine and copy or reproduce, in any manner, all or any	portion of the following:
	1. All documents and records pertaining to all economic benefits or assets proted to, such things as health and dental insurance, life insurance, profit sharing, redit cards, company cars, club memberships and expense accounts.	
servic	2. Those records stating my date of hire, date of termination (if applicable) and or benefits.	d dates of interruption in
and ev	3. All records (specifically paycheck stubs, statements of earnings and similar dencing the compensation paid to me during my employment with the company.	
	4. All records, statements and other documents pertaining to any interest which ent, thrift or profit sharing plan with the company including, but not limited to, ation; and	
	You are further authorized and requested to furnish oral and written reports to, or his/her/its delegate, on any of the foregoing matter	··S.
and sh	This Authorization shall be irrevocable for a period of six (6) months from the ll thereafter be deemed revoked without further notice.	date of this Authorization
	A copy of this Authorization shall have the same force and effect as the original	al.
DATE		
STATE	OF MISSOURI)	
COUNT	Y OF) ss.	
declared	ON THIS day of, 20, affiant personally appeared before that he/she signed the above and foregoing instrument as his/her free act and deed.	me. a Notary Public, and upon oath
	IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my seal on the date last all	bove written.
	Notary Publ	lic
My Cor	mission Expires:	