

WORKERS COMPENSATION AUTHORIZATION

TO: _____

You are hereby released to furnish **The Reynolds Law Firm, LLC**, or their representative, any and all information of any nature whatsoever, which you may possess concerning the workers compensation files of _____. This authorization will allow you to release any and all information including but not limited to reports of injury, applications for benefits, employer's report of injury or accident, medical records, administrative records and claims, employment and personnel records, wage records, transcripts of any and all hearings, transcripts of any and all depositions and statements, records of benefits paid to date, x-rays, computer print-outs, accident files, Form D, Form A, docket forms, rehabilitation forms, elections forms and Forms 88 and all other documents in your possession regarding my current and prior claims for worker's compensation benefits.

It is expressly agreed by the undersigned that a photocopy of this authorization shall be as valid as an original. It is further expressly agreed by the undersigned that this written authorization shall remain valid for a period of 365 days following the date of its execution, unless otherwise revoked in writing by the undersigned.

Client's Signature

Social Security Number

Date of Birth

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My Appointment Expires: