

AUTHORIZATION FOR RELEASE OF UNEMPLOYMENT INSURANCE

RECORDS

I, _____, SS# _____,
reside at _____

_____, and hereby authorize the New York State
Department of Labor ("Department") to release unemployment insurance records for the
period of _____ maintained by the Department under the above
stated social security number.

These records may be released to **RECORDS DEPOSITION SERVICE, INC.**
whose address is **PO BOX 5054**

SOUTHFIELD, MI 48086-5054 P: 248.357.3330 F: 248.357.3337

This information is sought for the purpose of **FOR DISCOVERY BEFORE TRIAL**

_____ and will be used solely for this purpose.

Sworn to before me this

_____ day of _____, 20____

Notary Public