

Authorization for Release of Employment Records

To: _____

I, _____, worked in the following area(s)
_____, during the following time period _____, my date
of birth is _____, and social security number is
_____, I hereby give my permission to you, the custodian of
records, to release any and all employment records relative to this request to:

Henjum Goucher Reporting Services L.P.
2501 Oak Lawn Ave., Suite 435
Dallas, Texas 75219
Tel. (214)521-1188
Fax (214)521-1034

Signature of Person

Date: _____

Witness by me this _____ day of _____, 20__.

Notary Public

My commission expires: _____