

**EMPLOYMENT RECORDS AUTHORIZATION FORM**

**TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Re:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_

**FROM:** Ty Hyderally, Esq., counsel for plaintiff

To Whom This May Concern:

I hereby authorize you to send to my attorney, Ty Hyderally, Esq., Hyderally & Associates, P.C., 33 Plymouth Street, Suite 202, Montclair, New Jersey 07042 or their representative any all employment/personnel records of any kind or type whatsoever concerning my employment. Alternatively, I authorize you to allow Mr. Hyderally or his representative to examine and/or copy any of my employment/personnel records.

You are further requested not to disclose such information to any insurance adjuster or any other person without written authority from me to do so. I hereby revoke all previous authorizations given for the release of employment information for any reason or purpose whatsoever. Your full cooperation with my attorney is requested.

This shall constitute my sufficient Power of Attorney for obtaining such information, records, or other such reports or copies thereof.

Dated:

\_\_\_\_\_  
Print Name: