



AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

RE: _____

Date of Birth: _____

Soc. Sec. No. _____

I, _____, authorize _____ pursuant to Wis. Stat. § 103.13(2) to disclose the personnel documents designated below to any representative of Derzon & Menard, S.C. and to allow them to inspect and photocopy the designated documents.

All records, documents, ledgers, reports, and writings in your possession that are used or that have been used in determining my qualifications for employment, promotion, transfer, additional compensation, termination, or other disciplinary action. This authorization includes applications for employment, employee evaluations, compensation records, attendance records, disciplinary actions, payroll records, and accident reports.

All medical records in the possession of the employer relating to my physical condition or treatment of physical conditions. **This includes mental health records, alcohol and drug treatment records, or HIV records, if any.**

If any documents are withheld from inspection based on the enumerated exceptions of Wis. Stat. § 103.13(6), please (1) in general terms, identify the nature of each such document withheld; and (2) specify the statutory provision relied upon in withholding each document.

This authorization is effective for one year. It may, however be revoked before its expiration by written notice to the employer identified above. A photocopy of this authorization is valid.

WISCONSIN LAW REQUIRES THAT AN INSPECTION OPPORTUNITY BE PROVIDED WITHIN 7 WORKING DAYS OF RECEIPT OF THIS DOCUMENT.

Date

Employee