

I, _____, do hereby direct and instruct you to release to **Fidelis Law Droit** located at 171, Lutz Street, Suite 202, Moncton, New Brunswick, E1C 5E8, telephone: (506) 801-1126 and facsimile: (844) 767 -7099, any and all information which they require concerning my absences, wage rates, lost wages, sick benefits, etc., since the ____ day of _____, _____, and any other information they required concerning the terms of my employment, and for so doing, let this be your good and sufficient authority. ***I understand that a photographic or facsimile copy of this authorization shall be as valid as the original.***

Signatures: x _____

Witness

Date: _____
dd/mm/yyyy