

**Law Office of Gabriel J. Christian & Associates, LLC**  
**3060 Mitchellville Road**  
**Suite 216**  
**Bowie, Maryland 20716**  
**(301) 218-9400 Ofc. (301) 218-9406 Fax**

**AUTHORIZATION TO OBTAIN EMPLOYMENT RECORDS**

To Whom It May Concern:

I have retained the law firm of Law Offices of Gabriel J. Christian and Associates, LLC, 3060 Mitchellville Road, Suite 216, Bowie, Maryland 20716 ("the Firm") to represent me in proceedings to which I am a party. I hereby authorize the Firm to secure photocopies of my employment and work records, including payroll records, payroll computer printouts, work evaluations, interview sheets, layoff notices, etc.

I am willing that a photocopy of this authorization have the same force and effect as the original.

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Address

\_\_\_\_\_

Witness \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public