

WAGE LOSS AUTHORIZATION

DATE: _____

TO: _____

Authority is hereby given to David K. Lucas and Associates to obtain full and complete information and/or documents relating to any and all wage loss information of the undersigned, and I hereby authorize and direct you to permit David K. Lucas and Associates to examine and make copies of all such information.

This Authorization also constitutes authority for you to produce and make complete photostatic copies of all such records and to forward the same by mail to the Law Office of David K. Lucas and Associates at 140 South Main Street, Suite 301, Greensburg, Pennsylvania 15601.

I agree that a photostatic copy of this Authorization shall be considered as effective and valid as the original.

I acknowledge that this Authorization is given with my full consent and approval.

WITNESS my hand this _____ day of _____, 20____.

WITNESS:
