AUTHORIZATION TO RELEASE EMPLOYEE BENEFIT INFORMATION

To: _____
_____

Re: Your Employee _____
Soc. Sec. No. _____

You are hereby authorized to furnish and release to ---------- and to any employee, agent or representative any and all information in your possession or under your control concerning my employment , fringe and retirement benefits. You are further authorized to allow said persons to read, review, copy and have copied any and all records, notations, memoranda, and all other recorded information regardless of whether it is written, recorded, on computerized disc, etc., with respect to all aspects of my employment from the date I began my employment until the present date. You are further authorized to communicate with said persons orally or in writing concerning the matters addressed within this authorization. This authorization shall expire six months from the date of signature.

The information you are authorized to release shall include, but not be limited to: my earnings, wages, other forms of compensation, my employee benefits, fringe benefits, profit sharing, retirement and/or pension benefits; health, dental ,vision , life insurance and disability benefits; performance records, attendance records, employer/employee investment plans, stock plans, savings plans, thrift plans, employee stock option plans , 401K plans, deferred compensation, supplemental and excess benefits, "golden parachute" or " silver seatbelt" provisions, vested bonus not yet paid, zero balance reimbursement programs, and employee related trusts.

All expenses pertaining to the foregoing shall be paid by the party requesting information pursuant to this authorization, and nothing shall be construed to make me liable for the costs.

_____
Affiant, ----------

STATE OF MISSOURI)
) SS
COUNTY OF _____)

On this _____ day of _____, 2010, before me, a Notary Public, personally appeared the above named person who acknowledged signing the above instrument as a free act and deed.

_____
Notary Public

My commission expires: