

AUTHORIZATION FOR RELEASE OF WAGE RECORDS

To: LDOL, Office of Regulatory Services

Attention: Flo Babin, Custodian of Records

Date: _____

Request may be faxed to (225) 342-1300.

This authorization shall serve as my consent to fully release my wage record(s) for the year(s) of _____ through _____.

**PLACE
COPY OF DRIVER'S LICENSE
OR
PERSONAL IDENTIFICATION
HERE**

Signature

Name: _____

SS#: _____

Driver's License Number: _____

Address: _____

Phone#: _____

Please place a copy of your *Driver's License/personal Identification* in the above noted space. The information will be mailed to this address. If you are requesting that the information be sent to a different address, this form **must be notarized**.

Notary

Date

****Due to the Privacy Act, our Agency will not fax this information back to you. The information will be mailed to you as soon as possible.****