

AUTHORIZATION TO DISCLOSE INFORMATION

RELEASE OF LIABILITY

I, _____, hereby authorize Meijer, Inc. to disclose to Records Deposition Service, Inc. P.O. Box 5054, Southfield, MI 48034, any information and records including, but not limited to, employment, personnel, payroll, benefits, and medical information and records in possession of Meijer, Inc. relating to me.

In consideration of Meijer's disclosure of this information and these records at my request, I hereby release Meijer, Inc. its subsidiary and affiliated companies, and their directors, officers, employees, and agents from any and all liability and claims related to or arising out of release of information or documents pursuant to this Authorization, including, but not limited to, defamation, invasion of privacy, breach of contract, and violation of any statutory or constitutional rights, to the fullest extent allowed by law. I further waive all privileges that have or might have attached to any information and records disclosed.

I hereby waive any notice required under the Bullard-Plawecki Employee Right to Know Act or any other statute or regulation.

In executing this Authorization and Release, my judgement is not impaired by any drugs, alcohol, medication, or any mental, emotional, or physical condition. I execute this document voluntarily and knowing that I am waiving all claims that I have or might have in the future against Meijer arising out of the disclosure of its records pertaining to me. I intend for this document and any true copies thereof to be binding legally on me, my heirs, executors, administrators, assigns, and spouses.

(signature)

Subscribed, acknowledged, and sworn to
me this _____ day of _____, 20

Notary Public

_____ County, _____

My commission expires: _____