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Full Name

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Social Security Number

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Date of Birth

In Re: Fosamax Litigation  
Superior Court of New Jersey, Law Division, Middlesex County  
Case No. 282

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS**

To:

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**Name of Entity/Name of Employer**

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**Address**

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**City, State, Zip Code**

I hereby authorize the law firm of BOWMAN AND BROOKE LLP, 230 Schilling Circle, Suite 234, Hunt Valley, Maryland 21031 (counsel for Merck & Co., Inc.), or their designated agent(s) ("Receiving Party"), to be furnished copies of my entire personnel file, including but not limited to documents relating to attendance, leave of absences (whether for vacation, sick leave or other reasons), reported injuries, promotions and demotions, performance evaluations, reports of health examinations, job applications, and wages paid and/or earnings given (including W-2 forms), and all other pertinent documents, including any and all medical, psychological, or testing records or memoranda. The defendant has agreed to pay reasonable charges to supply copies of such records.

This authorization is being given at my request in conjunction with the civil litigation matter listed above. Therefore, this authorization shall expire upon the final resolution by all parties of the aforementioned civil litigation, either by final adjudication, final settlement agreement, final judicial dismissal, or by other final judicial order, including but not limited to the resolution of any and all appeals. Until then, this authorization shall be considered as continuing, and you may rely on it in all respects unless and until you have been advised by me in writing to the contrary. Please note that this authorization also permits you to release any records created or obtained by you after the date of execution of this authorization.

It is expressly understood and intended by the undersigned that you are hereby authorized to accept a copy or photocopy of this authorization with the same validity as though an original had been presented to you.

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Name of Employee	Signature	Date of Birth	Date Signed
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Description of Legal Guardian/Personal Representative's authority to act for Patient.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_.

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

My Commission Expires: