

## **AUTHORIZATION FOR FILE REVIEW**

To Whom It May Concern:

I, \_\_\_\_\_, hereby request that WAYERSKI ZMOLEK INJURY LAW FIRM be furnished with a complete copy of my claim file(s) for their inspection and review. This authorization includes access to claim file(s) online. In addition, this is a protest and request for reconsideration of any orders which may be adverse to the claimant issued within the past 60 days.

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
CLAIM NUMBER

\_\_\_\_\_  
DATE