



INSTRUCTIONS FOR COMPLETING REQUEST FOR RELEASE OF EMPLOYMENT OR EDUCATION RECORDS ATTACHMENT

We are requesting authorization to obtain a Release of Employment or Education Records. The Authorization for Release of Employment or Education Records is attached immediately following these instructions. The form is also available at www.deepwaterhorizoneconomicsettlement.com.

<p>1.</p>	<p><i>Section A. Claimant Information.</i></p> <p><u>Individual Claimants.</u> Complete Section A with your name (last, first, middle initial), DWH claimant number, date of birth (month/day/year), and your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).</p> <p><u>Business Claimants.</u> Complete Section A with the personal information for the owner or sole proprietor of the business, as outlined above. DO NOT enter the name of the business or the Employer Identification Number, if applicable.</p> <p>If any required information is missing from Section A, your authorization will be incomplete and your claim(s) will be suspended indefinitely.</p>
<p>2.</p>	<p><i>Section B. Record Provider(s) Information.</i></p> <p>Complete Section B with the name and address of the employer or education institution requested in Section II of the Notice of Request for Authorization Forms ("Notice").</p> <p>Repeat Section B2-B3 as necessary for each employer and/or education institution requested in Section II of the Notice. Print additional pages if necessary if more than 3 record providers are requested.</p> <p>If any required information is missing from Section B, your authorization will be incomplete and your claim(s) will be suspended indefinitely.</p>
<p>3.</p>	<p><i>Section C. Authorization.</i> You should carefully read Section C and sign the Authorization Form only if you agree to and accept the terms and conditions set forth in Section C 1-5.</p>
<p>4.</p>	<p><i>Section C. Signature(s) Required.</i></p> <p>Complete Section C with your signature and your name (printed or typed) in the space provided. DO NOT date the Authorization Form. The Claims Administrator will date the Authorization Form on your behalf when and if it determines that this authorization is necessary for the processing of your claim(s).</p> <p>If you are signing the Authorization Form as a representative on behalf of the claimant identified in Section A, complete Section C with your relationship to the claimant and your authority to act on his/her behalf. You must also provide documentation of your authority to act in this representative capacity, if not done already.</p> <p>If any required information is missing from Section C, your authorization will be incomplete and your claim(s) will be suspended indefinitely.</p>



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5. *Attorney Representation.* If you are represented by an attorney in connection with your claim(s), do not sign the Authorization Form until you have conferred with your attorney about the decision to submit and sign the Authorization Form.

6. *Originals Required.* Return the *original*, hard copy signed Authorization for Release of Employment or Education Records, along with any necessary attachment(s), to the Claims Administrator at the address listed below and in Section V of the Notice. You may not upload the Authorization Form using the DWH portal. Facsimiles, PDFs or copies of a signature will not be accepted.

Submit the *original*, hard copy signed Authorization Form(s) on or before your response deadline by Mail, Overnight, Certified or Registered Mail.

By Mail

(Postmarked no later than your response deadline)

Deepwater Horizon Economic Claims Center
PO Box 10272
Dublin, OH 43017-5772

By Overnight, Certified or Registered Mail

(If mail, postmarked no later than your response deadline; if other overnight delivery, placed in the custody of an overnight carrier by your response deadline)

Deepwater Horizon Economic Claims Center
c/o Claims Administrator
5151 Blazer Parkway Suite A
Dublin, OH 43017