STATE OF __________________
________________________
COUNTY OF ____________

I, _________________________, being first duly sworn, hereby state as follows:

1. I am over the age of 18, have personal knowledge of the facts recited herein, and
would and could competently testify to the same.

2. I hereby verify that I am legally authorized to make a request on behalf of
______________________________ (hereinafter "Requestee").

3. The enclosed Power of Attorney is a true and accurate copy; OR

4. If the authorization documentation is not a Power of Attorney, then I hereby verify that
the enclosed document is a true and accurate copy of my authorization to request
personal information on behalf of the Requestee. In addition to this documentation, I
also have enclosed a true and accurate copy of the valid government-issued photo
identification of the Requestee.

5. The attached authorization document is still in full force and effect.

I UNDERSTAND THAT THE INFORMATION PROVIDED HEREIN IS TO BE RELIED UPON BY
TRINET TO RESPOND TO A DATA RIGHTS REQUEST IN ACCORDANCE WITH THE LAW.

Date: ______________________   ______________________________
Signature

______________
Print Name