

Consent to Release Confidential Information



I _____ [Print Name] hereby authorize and request,

Name: DocuSign

Address: 701 5th Avenue Suite 5100
Seattle, WA 98104-7036

to release confidential information, to wit records of my accessing of the DocuSign services, to

Name: David Balter

Title/Functions: Attorney for State Labor Commissioner

Address: 455 Golden Gate Ave. 9th Flr.
San Francisco, CA 94102

Use of this information shall be limited to the following purpose(s):

Litigation of: *Labor Commissioner v. Ziprealty*

I understand that any cancellation or modifications of this authorization must be in writing, and that I have a right to receive a copy of this authorization. A photocopy of this authorization shall be as effective and valid as the original.

This authorization shall remain valid until: Jan 1, 2014.

I furthermore release all parties stated here within from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise appropriate safeguards while using this information

Signature _____ Date _____