



Date: 10/31/07

From: Tracey Robinson, HR Administrator

To: Unisource

Date: 10/31/07

Pages (including cover): 6

Phone # 704-693-5157

Re: \_\_\_\_\_

Fax # 336-903-3951

I have received your request for copies of records pertaining to the employment of the above referenced individual.

- Lowe's policy only permits the release of employment dates and last position held; therefore, I can provide the following information:

Employment Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Last Position Held: \_\_\_\_\_

- A thorough search of our records failed to reveal evidence that Lowe's Companies, Inc., Lowe's Home Centers, Inc., or subsidiaries have ever employed this individual.
- A Social Security Number must be provided before employment can be verified.
- The Social Security Number provided is incorrect.
- If the requested records are required for litigation or legal purposes, we will be happy to provide them upon receipt of a properly issued and served subpoena for the production of documents.
- The Employee/Ex-employee may fill out the "Notarized Release of Personnel &/or Wage Records" attached, then fax and mail the original to me at the address and number listed below. I will then release a copy of the records requested to the employee at their home address.
- To verify employment you can either call 1-800-996-7566 or via the website at www.theworknumber.com. Lowe's company code is # 11116

OR

Tracey Robinson  
Human Resources Administrator



Notarized Release of Personnel &/or Wage Records

REQUESTED BY:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

I, \_\_\_\_\_, do hereby request a copy of my personnel folder and/or \_\_\_\_\_ for personal/legal purposes. Please mail a copy of my file to my home address listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

Social Security Number \_\_\_\_\_

I, \_\_\_\_\_, do hereby certify this person listed above personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this the \_\_\_\_ day of \_\_\_\_\_ 2007.

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

My Commission Expires: \_\_\_\_\_