

AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

Date:

To:

The undersigned (Employee)
authorizes the release of the below checked employment information to:

_____ The following party:

_____ Any third party:

Those terms for which information may be released include: (Check)

- _____ Salary
- _____ Position and Department
- _____ Dates of Employment
- _____ Part-time/Full-time hours worked
- _____ Garnishes or wage attachments, if any
- _____ Reason for separation
- _____ Medical/accident/illness reports
- _____ Work performance rating
- _____ Other:

Thank you for your cooperation.

Employee Signature

Address

Date of Employment

Position or Title

Position or Department