

INFORMATION RELEASE FORM

I, (please print) _____ SS# XXXX-XX-_____ hereby
authorize the following information to be released to: _____
Relationship to you: _____.
Their phone #: _____ and/or e-mail address: _____.

This release shall be in effect from (date) _____ to _____. (Leave blank if
release is indefinite). **All items checked below will be released:**

Payroll Information – if this box is checked, all salary, service and time and attendance information
is included.

Salary and service only

Time and attendance only

Human Resources Information– if this is checked, all employment and benefits information is
included.

Benefits only – health insurance/dental/vision and retirement etc.

Employment information only

My contact information:

Phone #: _____

E-mail Address: _____

Other: _____

(Signature)

(Date)