

Employee Information Release Form

Personal Information

Applicant Name: _____

Position Title: _____

Date of Filing: _____

Employment ID #: _____

Department: _____

Type of Information to Release

Work History

Disciplinary Records

Start and End Dates

Benefits Information

Evaluations

Other: _____

Authorized Personnel/Companies to Receive Aforementioned Information

Name #1: _____

Name #2: _____

Address #1: _____

Address #2: _____

Phone #1: _____

Phone #2: _____

Email Address: #1: _____

Email Address: #2: _____

I, the undersigned, do hereby swear that the aforementioned information is true and factual to the best of my knowledge. I authorize _____ Company/Contacts _____ to release the checked information to the aforementioned personnel.

Applicant Signature

Date Signed