

**Authorization to Disclose Personnel Record
Information to Third Party**

Employee's name: _____

Department or individual authorized to disclose information:

I hereby authorize disclosure of the information listed below to the following party:

Name: _____

Address: _____

Information to be disclosed (be specific):

Send copies of information to party named above.

Disclose information by telephone.

This authorization expires on (date): _____

(If left blank, 30 days from the date of signature.)

Employee's signature

Date

Record sent or disclosed as requested:

by _____
Name

Date