



EMPLOYEE CONSENT TO RELEASE CONFIDENTIAL INFORMATION

Employee Name: _____

I authorize Partners in Community Supports to release the following information to any requesting agency or person. The information CHECKED below will be released. A copy of the current Personnel Policy and Procedures on Personnel Records and References may be sent with any and all authorized information released.

Verification of Employment for Position(s) held:

Position title(s): Information will be released only for those positions listed

Standard letter of Employment Verification: For personnel use only

- None
- Total length of service with Partners in Community Supports
- Job description
- Pay rate(s)
- Copies of signed performance reviews
- Verification of employment (i.e. dates and title)

The following will be released as requested:

- Employment medical reports
- W-4 and related payroll records
- Training verifications

I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, spouse, assigns, associates and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original signed by me.

Employee signature

Date