



## RELEASE OF INFORMATION

I \_\_\_\_\_ do hereby give the agency listed below permission to obtain information related to my employment or enrollment in postsecondary or advanced education.

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency City/ State/Zip: \_\_\_\_\_

Information to be released may include:

- Dates of Employment
- Hourly Wage
- Benefits Received
- Date of Enrollment in training
- Job Title
- Full Time / Part Time Status
- Reason for Termination (if applicable)

**This release will remain valid for two (2) years from the date of my signature below.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (Printed)