

CONSENT TO RELEASE INFORMATION

Date: _____

To: _____ Employee

From: _____

A request to verify employment information has been received by us from: _____

Which information may we release?

_____ Salary

_____ Position

_____ Department

_____ Supervisor

_____ Employment Dates

_____ Part-Time/Full-Time

_____ Whether You Work Under a Maiden Name

_____ Wage Garnishes, If Any

_____ Reason for Separation

_____ Other _____

Submitted By: _____

Approved By: _____

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE SO WE MAY QUICKLY RESPOND TO THE REQUEST.