

## EMPLOYEE AUTHORIZATION FOR REFERENCE RELEASE

(To be completed by exiting employee)

Date:	
To:	Iuman Resources Representative
Organization Name:	
Address:	
Fax Nun	nber:
my empl	ze the organization named above to release the following information regarding oyment with said organization. I release and hold harmless the organization and oyees from liability with regard to the following information that I authorize for
	Dates of Employment
	Position
	Attendance History
	Salary History
	Job Performance
	Eligibility for Rehire
	Other (Specify)
Employee Name:	
Employee Signature:	