

AUTHORIZATION TO RELEASE INFORMATION

I, _____ hereby authorize a
(Print Name)

representative of the Department of General Services, to review the following items for employment purposes:

- documents contained in my Official Personnel File
- my attendance records for the past three (3) years
- any information of a negative nature or adverse action
- any other personnel/payroll related information

I also authorize a representative of the Department of General Services, to contact my former supervisors and other appropriate references to obtain information regarding my past job performance.

EMPLOYEE'S SIGNATURE

DATE

LIST THREE REFERENCES, INCLUDING NAME, TITLE AND TELEPHONE NUMBER:

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

This authorization expires 60 days from the signature date above.