

STATE OF CALIFORNIA
AUTHORIZATION TO RELEASE INFORMATION
DGS OHR 18 (Rev. 2/2022)

DEPARTMENT OF GENERAL SERVICES
Office of Human Resources

I, _____, hereby authorize a representative of the Department of General Services or its contracted client agency to review and make copies of the following items for employment purposes:

- documents contained in my Official Personnel Folder
- my attendance records for the past three (3) years
- my Personnel Action Request (PAR)
- my PIMS history
- 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 or its contracted client agency to contact my former supervisors and other appropriate references to obtain information regarding my past job performance.

CANDIDATE SIGNATURE

DATE

CURRENT DEPARTMENT OR EMPLOYER

CURRENT DEPARTMENT'S PERSONNEL OFFICE STREET ADDRESS (Street, City, State, ZIP)

SUPERVISOR'S NAME

OFFICE TELEPHONE NUMBER

LIST THREE REFERENCES BELOW. INCLUDE NAME, TITLE, CONTACT NUMBER AND EMAIL ADDRESS.

1.

2.

3.