

# Authorization to Release Employment Information

Date:

To:

The undersigned \_\_\_\_\_ ( employee )  
Authorizes the release of the below checked employment to:

\_\_\_\_\_ The following party: Fardeco, Inc.

\_\_\_\_\_ Any third party:

Those items for which information may be released include: (check)

- \_\_\_\_\_ Salary
- \_\_\_\_\_ Position and department
- \_\_\_\_\_ Dates of employment
- \_\_\_\_\_ Part-time/Full-time or hours worked
- \_\_\_\_\_ Garnishes or wage attachments, if any
- \_\_\_\_\_ Reason for separation
- \_\_\_\_\_ Medical/accident/illness reports
- \_\_\_\_\_ Work performance rating
- \_\_\_\_\_ Other:

Thank you very much for your cooperation.

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

\_\_\_\_\_ ZXXX-XX-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Position or Title