

Authorization for Release of Employment Records

The **Authorization for Release of Employment Records** form sample is a crucial document used to grant permission for the disclosure of an individual's employment history. This form ensures that sensitive information is shared securely and with proper consent. Employers and third parties rely on this authorization to verify employment details accurately.

Employee Full Name:

Date of Birth:

Last 4 digits of SSN (optional):

Current Address:

Name of Previous/Current Employer:

Employer Address:

Dates of Employment:

 Start Date - End Date

To Whom Records Should Be Released (Name/Organization):

Purpose of Release:

e.g., background check, employment verification, etc.

I hereby authorize the release of my employment records to the individual/organization indicated above.

Employee Signature:

Date:

This authorization is valid for ninety (90) days from the date signed unless revoked in writing.