

Authorization to Disclose Employee Information Form Sample

The **Authorization to Disclose Employee Information Form Sample** is a crucial document that allows employers to legally share an employee's personal and employment details with authorized parties. This form ensures compliance with privacy laws while facilitating necessary information exchange for administrative or legal purposes. Proper use of this authorization form helps protect both employee rights and company interests.

Employee Information

Employee Name:

Employee ID/Number:

Department/Position:

Recipient Information

Name of Authorized Recipient:

Organization:

Information to be Disclosed

☐ Employment Dates

☐ Job Title/Position

☐ Salary Information

☐ Performance Records

☐ Other (please specify):

Purpose of Disclosure:

Authorization Expiration Date:

☐ I hereby authorize the above-named employer to disclose the specified information to the authorized recipient listed above. I understand that I may revoke this authorization at any time in writing.

Employee Signature:

Date: