

# Employee Authorization Form for Release of Information

This **Employee Authorization Form** facilitates the legal release of personal information by an employee to a third party. It ensures compliance with privacy regulations while granting explicit consent for information sharing. Use this form to streamline the authorization process and protect both employer and employee rights.

## Employee Information

Full Name:

Employee ID:

Department:

## Authorized Third Party

Name/Organization:

Relationship:

## Information to be Released

Specify the information to be released (e.g., employment dates, salary, performance)

## Purpose of Release

Describe the intended purpose for which the information will be used

## Authorization Period

Start Date:

End Date:



I hereby authorize the release of the specified information to the third party named above. I understand that I may revoke this authorization in writing at any time.

Employee Signature:

Date:

Submit Authorization