

Consent for Release of Information Form

RETURN THIS FORM TO: MVNU Human Resources, 800 Martinsburg Rd, Mount Vernon, OH 43050

Click here to enter text.

Click here to enter text.

PRINT Last Name First Name Middle Initial

MVNU ID Number

Regulations and policies do not permit the release of employee personal or financial information without the consent of the employee. This means that Human Resources staff cannot discuss employment information, including payroll (W2, W4, and direct deposit), tuition assistance, and benefit (insurance and retirement), with anyone without the employee's written consent.

This "Consent for Release of Information" is being provided to you should you wish to authorize release of your information to a specific designee. In the space designated below, you may indicate which individuals may have access to your employment information.

This release will be in effect for the duration of your employment at MVNU. If you wish to cancel or change this authorization, you must do so in writing.

Part 1: Employee's consent for the release of Human Resources records.

Click here to enter text.

I, (employee-print name) _____, do hereby consent to have information regarding my records in the Human Resources Office discussed with and/or released to:

Designee(s):

Click here to enter text.

Click here to enter text.

Employee Signature _____ Date ___/___/___

Revocation:

Click here to enter text.

I, (employee-print name) _____, do hereby revoke consent to have information regarding my records in the Human Resources Office discussed with and/or released to:

Designee(s) to revoke:

Click here to enter text.

Click here to enter text.

Employee Signature _____ Date ___/___/___