



RELEASE OF PERSONAL INFORMATION

Please sign the statement below that reflects how you would like your personal demographic information managed.

[] Yes, I hereby authorize _____ and its duly authorized representatives to release information concerning or relating to my employment with the school district. This employment information may include material contained in my personnel file, which includes, but is not limited to, academic, salary, achievement, performance, attendance, personal history, disciplinary records, address, home phone number, position, and whether or not you are a full/part time employee.

Print Name

Social Security Number

Employee Signature

Date

-OR-

[] No, I do not wish to have my personal information released.

Print Name

Social Security Number

Employee Signature

Date

By checking that you do not want any information released, _____ will require an authorized release form for any personal information requests.

If at any time you wish to change your request, you will need to submit a written authorization.