**AUTHORIZATION FOR RELEASE OF**

**EMPLOYEE INFORMATION**

TO: (Employer)

RE: (Employee Name)

 YOU ARE HEREBY AUTHORIZED to release to the University of Minnesota (“Requester”) any information in your possession regarding my employment, including personnel files and records, contracts and agreements, correspondence, performance and discipline records, investigation records, complaints, compensation records, and any other records or information related to my employment. You are also authorized to discuss all aspects of my employment with Requester.

 I understand that I may revoke this Authorization in writing at any time. I understand that this Authorization will remain effective until such time as I revoke it in writing. I release you and your representatives from any liability related to your actions taken in response to this Authorization. A photocopy, facsimile, or electronic copy of this Authorization may be treated in the same manner as an original.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_