

**AUTHORIZATION FOR THE RELEASE OF
EMPLOYMENT RECORDS**

Employees Name	Date of Birth / /XXXX	Social Security # XXX-XX-	Employee Id. (If applicable)
Address		Telephone	

I hereby authorize Discovery Solutions, Inc.
(Company Name)

To release information from the employment/payroll records of:

_____ Employee

To: _____
Name/address of person/organization to which disclosure is to be made

Fax : 410-510-1240 Phone : 410-929-0025

Email: Info@discoverysolutions.com

For the purpose of:

I specifically authorize the release of the following:

____ Dates of Employment

____ Payroll/Salary Records

____ Job Title

____ Eligible for Rehire Status

This authorization is valid up to 30 days of date signed, unless another date is expressly specified or written revocation of authorization is provided.

I, the undersigned, have read and authorize the release of such information as herein contained. I have the right to revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon it. I understand that when this information is used to disclose pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected. I hereby release and hold harmless the above named company and its authorized representatives from all liability and damages.

Date

Signature of Employee