AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

I, _____, do hereby authorize the Human Resources Department to release copies of information in my personnel file, including but not limited to any employment records, reports, applications and/or documents of any kind whatsoever. Such information also includes salary, position held, length of employment, and level of fringe benefits relating to my employment at any time whatsoever.

_____

Name of Person/Organization Requesting Information

is authorized to receive copies of the above information concerning my employment with the City of Centennial.

In executing this authorization, I expressly waive any privileged or confidential communication between me and the City of Centennial. Such waiver is solely and only for the purpose of authorizing the above person/organization to obtain this information. No other person or organization is authorized to receive this information by this release and waiver.

_____

Employee's Signature **Date**

****IMPORTANT NOTE****

Employee may withdraw this authorization by written request at any time. For convenience, you may use the form provided below. If this authorization is not withdrawn, it will automatically expire two (2) months after the date indicated above.

I hereby withdraw the above authorization.

_____

Employee's Signature **Date**

A photocopy of this authorization shall have the same force and effect as the original.