

Information Release

In accordance with Privacy Policy PP-07-61, this form provides Cassellholme with authorization to release personal information to a named third party.

employee name

I [named above] authorize Cassellholme to release my personal information as indicated to the third party named below.

name of third party

Notes/Comments

Choose ALL that apply:

Confirmation of employment and salary information [usually used for banking/lending purposes].

All employment information in company's possession, including dates of hire, positions held, information relating to performance and attendance [both objective and subjective], salary information and all related matters [usually used for reference checking purposes].

Any medical information in the company's possession [including absences, medical notes or reports] [usually used for sick leave, disability benefits or health insurance].

Contents of personnel file

Other _____

I hereby release and discharge Cassellholme from any claim whatsoever relating to Cassellholme acting in accordance with this Authorization.

employee signature

date

CASSELLHOLME

Compassionate care for life's journey.