

Release of Job Records Consent Agreement

I hereby authorize the release of my employment records to the requesting party as indicated below. I understand that this consent permits the disclosure of information relevant to my job performance, employment dates, titles held, and any other employment-related information as required.

Employee Full Name:

Date of Birth:

Previous Employer/Company:

Release Records To (Name/Organization):

Purpose of Release:

Employee Signature:

Date:

Submit

By signing above, I acknowledge that I have read and understood this agreement, and authorize the release of my employment records as described.