

Employee Work Record Release Agreement

This agreement is made between [Employer Name] and [Employee Name].

Employee Information

Employee Name:

Employee ID:

Department:

Release Details

Recipient Name/Organization:

Purpose of Release:

Authorization

I hereby authorize [Employer Name] to release my work records as specified above to the recipient identified. I understand that this consent is voluntary and can be revoked in writing at any time.

Employee Signature:

Date: