



Authorization to Release Information

Name: _____ Social Security #: _____

I hereby authorize the Human Resource Office of West Virginia Northern Community College to release the following:

- ☐ Date of hire
- ☐ Title
- ☐ Verification of pay
- ☐ Last date of employment
- ☐ Other, please explain:

I further release and hold harmless both the Human Resource Office and West Virginia Northern Community College from any and all liability that may potentially result from the release and/or use of such information.

<input type="checkbox"/> Please mail to:	<input type="checkbox"/> Please fax to:	<input type="checkbox"/> Please email to:
Name: _____	Name: _____	Name: _____
Company: _____	Company: _____	Company: _____
Address: _____	Fax #: _____	Email: _____

Signature: _____ Date: _____