



## RELEASE OF CONFIDENTIAL INFORMATION OFFICE OF FACULTY AFFAIRS

Instructions: Complete and return to the Office of Faculty Affairs, extended zip 0021. Please allow 3-4 weeks for processing as in some cases information must be pulled from our archives.

I, \_\_\_\_\_, Employee ID: \_\_\_\_\_ Phone: \_\_\_\_\_

please print full legal name

hereby authorize San José State University to release the confidential information detailed below to:

\_\_\_\_\_  
Name/Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

I release San José State University and any agents of San José State University from any and all responsibilities should any damages arise from the release of the confidential information detailed below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Current Monthly Salary

Employment Dates

Last Rank Held

Other \_\_\_\_\_  
\_\_\_\_\_