

Instructions: Complete and return to Payroll, UPD, Third Floor, 0046. Allow a minimum of twenty-four hours for processing.

EMPLOYEE INFORMATION		
Name:	Employee ID Number:	Telephone:
Department/College:		
I hereby direct and authorize San José State University to release the indicated confidential information to:		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name/Agency		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Address		

AUTHORIZATION
<ul style="list-style-type: none"> <input type="checkbox"/> Current monthly salary <input type="checkbox"/> Total gross salary for past 12 months <input type="checkbox"/> Social security number <input type="checkbox"/> Employment dates <input type="checkbox"/> Other: <div style="border: 1px solid black; height: 80px; margin-top: 10px;"></div>
<p>I release San José State University and any employees thereof from any and all responsibility should any damages result from the release of this information.</p>
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="border-top: 1px solid black; width: 60%;"></div> <div style="border-top: 1px solid black; width: 30%;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Employee Signature Date </div>