

**AUTHORIZATION TO RELEASE INFORMATION**



*Howard University*  
**Department of Compensation  
 and Performance Management  
 Office of Human Resources**  
 2244 10th Street, NW, Suite 422  
 Washington, DC 20059  
 HRProcessing@howard.edu

HR USE ONLY  
**HR APPROVAL**  
 Issued: \_\_\_\_\_  
 Expires: \_\_\_\_\_  
 (60 days from issue date)

<b>Applicant Name:</b>	_____	_____	_____
	<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>
<b>Other Name:</b> <small>(If different than above i.e. Maiden Name)</small>	_____	_____	_____
	<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>
<b>Personal Information:</b>	_____	_____	_____
	<i>(Street Address)</i>	<i>(City)</i>	<i>(State &amp; Zip Code)</i>
	_____	- - - - -	/ /
	<i>(Employee ID)</i>	<i>(SSN)</i>	<i>(Date of Birth)</i>
	_____	( - ) - - - - -	( - ) - - - - -
	<i>(Email)</i>	<i>(Phone)</i>	<i>(Fax #)</i>
<b>Work Information:</b>	__/__/____ through __/__/____	_____	_____
	<i>(Dates of Employment)</i>	<i>(Department)</i>	<i>(Supervisor at the time)</i>
<b>Is this information for you?</b>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>	
<b>Send to yourself?</b>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>	<input type="checkbox"/> <i>Walk-in</i>
	( - ) - - - - -	_____	
	<i>(Fax #)</i>	<i>(Email)</i>	
<b>Send to someone else?</b>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>	
<b>Forward this information to:</b> <small>(If different than self)</small>	_____	_____	_____
	<i>(Name of Individual)</i>	<i>(Position)</i>	<i>(Name of Agency)</i>
	( - ) - - - - -	( - ) - - - - -	
	<i>(Fax #)</i>	<i>(Phone)</i>	
	_____	_____	_____
	<i>(Street Address)</i>	<i>(City)</i>	<i>(State &amp; Zip Code)</i>

I, \_\_\_\_\_ certify that I am familiar with the information provided above, and, to the best of my knowledge and belief, this information is true, complete, and accurate. I hereby authorize Howard University to release any and all information and documentation pertinent to my employment at the University or Hospital. This authorization to release information expires 0 days after issue date.

	HR USE ONLY
_____	_____
Applicant Signature	HR Staff Signature
Date	Date