

AUTHORIZATION TO RELEASE INFORMATION



Howard University
Human Resource Information Systems
Department
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Washington, DC 20059
202-806-5444(phone)
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HRIS USE ONLY
HRIS APPROVAL
 Issued: _____
 Expires: _____
 (60 days from issue date)

Applicant Name:	_____	_____	_____
	<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>
Other Name: <small>(If different than above i.e. Maiden Name)</small>	_____	_____	_____
	<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>
Personal Information:	_____	_____	_____
	<i>(Street Address)</i>	<i>(City)</i>	<i>(State & Zip Code)</i>
	_____	- - - - -	/ /
	<i>(Employee ID)</i>	<i>(SSN)</i>	<i>(Date of Birth)</i>
	_____	(-) - - - - -	(-) - - - - -
	<i>(Email)</i>	<i>(Phone)</i>	<i>(Fax #)</i>
Work Information:	__/__/____ through __/__/____	_____	_____
	<i>(Dates of Employment)</i>	<i>(Department)</i>	<i>(Supervisor at the time)</i>
Is this information for you?	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>	
Send to yourself?	<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>	
Send to someone else?	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>	
Forward this information to: <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 & 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 90 days after issue date.

_____ Applicant Signature	_____ Date
_____ HRIS Staff Signature	_____ Date