

RELEASE OF INFORMATION

I hereby empower, City of Appleton Human Resources representative to release a copy of any and all employment records pertaining to the undersigned's employment to _____ (Company name) _____ (Company person making request) under the custody of the City of Appleton including without limitation by enumeration; performance reviews, wage histories, disciplines, etc., but excluding, unless specifically provided otherwise, medical records or records pertaining to Worker's Compensation or the Family Medical Leave Act.

Other information requested: _____

This consent is revocable except to the extent that action has been taken in reliance thereon and will remain in force until revoked, but not to exceed one (1) year from the date this document was executed.

This release is intended to release not only the above-named individual, but all officers, agents or related personnel, both individually and collectively, from any and all liability or damages of whatever kind which may at any time result to the undersigned, my heirs, my family or associates because of compliance with this authorization or legal claims or actions resulting in the release of this information, including but not limited to, slander, libel or defamation and requests to release this information and any attempt to comply with it.

Dated this _____ day of _____.

Name (printed)

Social Security Number

Street Address, City, State, ZIP Code

Area Code/Phone Number

Signature of Individual Authorizing the Release

Date

Signature of Witness

Date