



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

**EMPLOYEE INFORMATION**

Name:	Employee ID Number:	Telephone:
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Department/College:

I hereby direct and authorize San José State University to release the indicated confidential information to:

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

\_\_\_\_\_  
Address

**AUTHORIZATION**

- Current monthly salary
- Total gross salary for past 12 months
- Social security number
- Employment dates
- Other: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date