

Employee Information Release Authorization

Name: _____ **Last 4 of SS#:** _____
PRINT (First name) (Last name)

Alternate Names: _____ **Phone #:** _____

Position: _____ **Location:** _____

I certify that I have asked the Human Resources Department of Peoria Public School District 150 to release to me a letter that states information pertaining to my employment. This letter will indicate my hire date, position, and whether or not I am currently working. Please list any additional information you would like included in the space provided below.

Special Instructions: _____

Signature: _____ **Date:** _____

How would you like your completed letter delivered?

E-mailed (PDF File) – address: _____ Pick-Up Fax – number: _____

Return completed form to the Human Resources Department.
Your completed letter will be available within 2 business days.