



**Employee Authorization for Release of Personnel
Records & Other Personnel Information**

I, _____ (M# _____), request and authorize Missouri State University to release my personnel records and other personnel information in response to any requests for same from

(name of organization or individual)

Specifically, I authorize the release of the following personnel records:

- Employee evaluations
- Payroll/pay stub information
- Worker's compensation information
- Employment application records
- All personnel records

Identify specific information (if any) in your personnel file that should **not** be released pursuant to this authorization:

Unless I specifically revoke this authorization in a writing provided to Missouri State University, this authorization shall remain in full force and effect for the following time period:

- Indefinitely
- The next 30 days
- The next 12 months
- Other (please specify duration) _____

Employee signature

Date