

**OKLAHOMA DEPARTMENT OF CORRECTIONS
AUTHORIZATION TO RELEASE CONFIDENTIAL EMPLOYMENT INFORMATION**

NAME: _____ DATE: _____

DATE OF BIRTH: _____ SSN: _____

CURRENT ADDRESS: _____

I, the undersigned hereby request and authorize the Oklahoma Department of Corrections to release to the person(s) listed below any and all information or records concerning or related to my employment with the Oklahoma Department of Corrections and contained in my personnel file (as specified in OP-110105), including but not limited to performance evaluations, disciplinary actions, documents which may contain my home address, telephone number, social security number, private e-mail address, or information related to personal electronic communication devices, or other employment information which is not ordinarily open to public inspection and which may constitute an invasion of my personal privacy.

I agree to hold the Oklahoma Department of Corrections, its agents and employees, harmless from any and all claims and liability associated with this authorization.

A photocopy or facsimile of this authorization will be valid as an original thereof, even without an original writing of my signature.

Signature

Please release the authorized information to: _____

Signature of HRMS/Designee (providing access to personnel file)

Date of Access