



**AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION**

I \_\_\_\_\_ give permission for Guilford County Schools to verify  
(FULL NAME PRINTED)  
my present and/or past information in reference to my employment.

Position: \_\_\_\_\_

Work Location: \_\_\_\_\_

**Check all that apply:**

- Salary Information
- Experience Credit
- Health Information
- Licensure
- Evaluation Years (years requested) \_\_\_\_\_

Social Security Number (REQUIRED): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Request (e.g.: Address to be mailed, number to be faxed or pickup request):

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