

RELEASE OF INFORMATION/RECORDS REQUEST FORM

I hereby authorize officers, officials and employees of the City of De Pere, to: *(Please check corresponding box)*

- ☐ Discuss matters pertaining to my employment with the City, including, without limitation, job performance, wage histories, disciplines, etc., but excluding, unless specifically provided otherwise, medical records or records pertaining to Workers' Compensation or the Family Medical Leave Act.
- ☐ Release a copy of any and all employment records pertaining to my employment with the City, including, without limitation; performance reviews, wage histories, disciplines, etc., but excluding, unless specifically provided otherwise, medical records or records pertaining to Workers' Compensation or the Family Medical Leave Act.

Other information requested: _____

Such release is limited to the release of such information to _____ of _____. This consent is revocable except to the extent that action has been taken in reliance thereon and will remain in force until revoked, but not to exceed one year from the date this document was executed.

This release is intended to release not only the above-named individuals, but all officers, agents or related personnel, both individually and collectively, from any and all liability or damages of whatever kind which may at any time result to the undersigned, my heirs, my family or associates because of actions taken in accordance with this authorization or legal claims or actions resulting in the release of this information, including, but not limited to, slander, libel or defamation and requests to release this information and any attempt to comply with it.

Name (printed)

Social Security Number

Street Address, City, State, Zip Code

Area Code/Phone Number

Signature of Individual Authorizing the Release

Date