

**AUTHORIZATION TO RELEASE, EXAMINE, AND COPY EMPLOYEE RECORDS**

TO: \_\_Click here to enter text.\_\_\_\_\_  
(Name of Employer)

FROM: \_\_Click here to enter text.\_\_\_\_\_  
(Name of Prospective Employee)

*Prospective Employee must list the name of a) current employer(s) and  
b) previous employer(s) on separate release forms.*

You are hereby authorized and requested to disclose to the Superintendent, Assistant Superintendent, and/or Human Resource Director of **Mercer County Schools**, Princeton, West Virginia any and all employment records which are in your possession concerning me and to permit any of the individuals identified above to examine and copy any part of any such records, including, but not limited to, applications for employment, the results of any pre-employment or post-employment medical examinations, any records pertaining to any disciplinary action taken against me, any records relating to the termination of my employment, all time cards and payroll records, and any and all other records which you may have in your files concerning me. This authorization also permits you to discuss the contents of any employment records in your possession with the individuals identified above. I hereby release you from any and all claims, demands, actions, or causes of action that may exist or arise as a result of your disclosure of any of my employment records.

A photostatic copy hereof shall be as valid as the original.

Dated this Click here to enter a date.

Immediate Supervisor: \_\_Click here to enter text.\_\_\_\_\_

Phone Number: \_\_Click here to enter text.\_\_\_\_\_

Fax Number: \_\_Click here to enter text.\_\_\_\_\_

Email address: \_\_Click here to enter text.\_\_\_\_\_

Name of Applicant: \_\_Click here to enter text.\_\_\_\_\_

SSN: \_\_Click here to enter text.\_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

Return by email or fax to: Attention: Human Resources [mbrookma@k12.wv.us](mailto:mbrookma@k12.wv.us) or 304-425-3893