

Authorization to Release Employment Information



IVYMOUNT

Employee Name: _____
(Please print)

This form authorizes Ivymount administration and/or supervisors (when applicable) to release the information checked below for employment verification purposes. Current employees will be notified by email when employment verification has been requested by a company prior to release. If you should terminate employment with Ivymount, a new form will be completed during your exit interview.

Please indicate Yes or No for each Item	YES	NO
Salary	<input type="checkbox"/>	<input type="checkbox"/>
Dates of Employment	<input type="checkbox"/>	<input type="checkbox"/>
Job Title	<input type="checkbox"/>	<input type="checkbox"/>
Opinion Regarding Job Performance (Whether such opinion is positive or negative)	<input type="checkbox"/>	<input type="checkbox"/>
Opinion Regarding Personal Qualities that Employee Brings to the Job (Whether such opinion is positive or negative)	<input type="checkbox"/>	<input type="checkbox"/>
Reason for Leaving Ivymount (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility for Rehire (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

I authorize Ivymount personnel to release the above employment information without liability, and request that Ivymount extend the release of information designated in this Authorization Form until further notice or unless a particular date is specified in the space below the signature.

Signature

Date