

*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.

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