

RELEASE FORM

Employee's Name: _____

Social Security Number: _____

I authorize the College of Charleston to release information regarding my past and/or present employment at the College to:

Employee's signature: _____ Date: _____

I prefer:

- Human Resources to mail the information to the above address
- Human Resources to fax the information to the above fax number
- To pick up the information at the Human Resources Office
- Other (specify)