

AUTHORIZATION FOR RELEASE OF PERSONNEL INFORMATION

EMPLOYEE NAME: _____ D.O.B. _____

POSITION(S) WITH SANTA FE COUNTY: _____

DATES OF EMPLOYMENT: _____

1. I, _____, a former or current employee of Santa Fe County, authorize the disclosure of & access to information contained in my personnel file to _____ (to whom are you granting disclosure). This information may include any records held in my personnel file, including but not limited to, dates of employment, positions held, salary information, current and historic academic records, residential, achievement, performance, attendance, disciplinary history, application, resume, criminal, financial, and credit information. I understand that no health-related information may be released unless I execute a separate HIPAA-compliant medical release.
2. I specifically prohibit release of the following types of information:

3. I expressly waive any laws, regulations and rules of ethics which might prevent Santa Fe County, its agents and employees, from disclosing my employment information, including records pursuant to this Authorization.
4. I understand that I may revoke this Authorization at any time by sending a letter to the person or organization listed in paragraph one, except that such person(s) and/or organization(s) may have already taken action in reliance on this Authorization.
5. This Authorization expires one year from its date of execution or _____ (date).
6. Copying costs will be borne by the person or organization named in paragraph one.
7. A photocopy or facsimile of this Authorization is valid as an original.
8. I understand that a potential exists for information that is disclosed pursuant to this Authorization to be subject to re-disclosure by the recipient and therefore no longer be protected by confidentiality rules.

SIGNATURE OF CURRENT/FORMER
EMPLOYEE OR AUTHORIZED REPRESENTATIVE: _____

CAPACITY OF REPRESENTATIVE IF
APPLICABLE (PLEASE INCLUDE
DOCUMENTATION OF REPRESENTATIVE
CAPACITY): _____

DATE OF SIGNATURE: _____