

MACOMB COUNTY

Human Resources and Labor Relations Department

1 South Main Street, 6th Floor, Mount Clemens, MI 48043 • Phone (586)469-5280 • Fax (586)469-6974

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Human Resources and Labor Relations to release information relative to my employment with Macomb County.

I hereby release Macomb County from all legal responsibility or liability that may arise from this authorization; and I waive, on behalf of myself and any persons who may have an interest in the matter, all provisions of the law relating to the disclosure of information acquired through said records and/or reports.

Information requested in the Employment Verification:

- Complete the attached form
- Letter of employment status (name, title, salary, etc.)
- Other: _____

Upon completion, please:

- Call me when ready for pick-up at: _____
- Mail to my home address: _____

- Return to requesting company

Employee/Retiree Name Printed

Employee/Retiree I.D.

Employee/Retiree Signature

Date

Acknowledgment:

I acknowledge that I have been personally given the completed employment verification.

Employee/Retiree Signature

Date

HRLR Staff
(completed by)