THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL PERSONNEL FILE INFORMATION

I am at least eighteen (18) years of age and am otherwise competent to understand and agree to the following and to provide my consent as follows:

(the "University"). My name and information regarding my employment are as follows:

1.

I am a current or former employee of The University of North Carolina at Chapel Hill

Full Name:
Department(s):
Job Title(s):
PID:
Dates of Employment:
2. I understand that information contained in my personnel file with the University may be confidential under state law. By signing this authorization form, I give my consent and authorize the University, and any of its agents, employees or representatives, to release any and all confidential personnel file information regarding me to the following individual or entity, as my authorized agent pursuant to N.C.G.S. § 126-24(1):
Name/Title:
Address:
Telephone:
Facsimile:
Email address:
3. I understand that once these confidential records and information are released, they man no longer be confidential and may be subject to re-disclosure by a recipient of such records an information. The University, its agents, employees and representatives are released and discharged of an liability arising from further disclosure of these documents, and I will hold the same harmless for releasing such records and information.
4. I understand that this consent shall remain in effect unless and until I deliver a signe revocation of this consent to the University. I understand that any such revocation will not apply to records and information that have already been released by the University pursuant to this consent.
5. I have read and understand the information in this form, the acknowledgements that I amaking and the effect of this consent.
This day of
Signature: