

Authorization for Release of Information
Please complete and return to the address listed above.

Please Print:

Employee Name: Last, First MI	Date of Birth
Social Security #	Institution <input type="checkbox"/> WVU-Main <input type="checkbox"/> WVU-HSC Charleston <input type="checkbox"/> WVU-P <input type="checkbox"/> WVU-PSC <input type="checkbox"/> WVU-Tech
Home Phone #:	Work Phone #:

I authorize the West Virginia University Department of Human Resources to release information related to the items checked below to the following individual(s):

Name: Last, First MI	Relationship to Employee:
Address (Street, City, State, Zip Code)	Phone Number:
Name: Last, First MI	Relationship to Employee:
Address (Street, City, State, Zip Code)	Phone Number:

SPECIFIC INFORMATION/RECORDS AUTHORIZED: (select one or more as appropriate)

<input type="checkbox"/> All Benefits Related Information	
<input type="checkbox"/> Only the Items Checked Below	
<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Dental Insurance
<input type="checkbox"/> Retirement (excluding beneficiaries)	<input type="checkbox"/> Vision Insurance
<input type="checkbox"/> Life Insurance (excluding beneficiaries)	<input type="checkbox"/> Long-Term Disability
<input type="checkbox"/> Flexible Spending Account(s)	
<input type="checkbox"/> Other: <u>(please describe)</u>	

EXPIRATION OF DISCLOSURE AUTHORIZATION:

You may revoke this authorization at any time. To revoke this authorization, send a written statement to:

**West Virginia University Department of Human Resources
Attention: Benefits Office
PO Box 6640
Morgantown, WV 26506**

The written statement must identify this authorization by referring to the date it was signed (below). The statement must also include the date on which this authorization is no longer in force. If you revoke this authorization, we may still use and disclose the information for the purposes listed above, if we have already taken action in reliance on this authorization. You should maintain copies of both this document and any subsequent documents for your records.

Employee Signature

Date

IF YOU ARE UNABLE TO PERSONALLY APPEAR BEFORE A REPRESENTATIVE OF WEST VIRGINIA UNIVERSITY DEPARTMENT OF HUMAN RESOURCES, YOU MUST HAVE THIS FORM NOTARIZED.

NOTARY PUBLIC

<p>I _____ a Notary Public in and for the State of _____, County of _____, do hereby certify that _____, did personally appear before me and provided me with proof of identity, and did swear and subscribe to the truth of his/her statement in the forgoing affidavit on this the _____ day of _____, _____.</p> <p>_____ Notary Public Signature</p> <p>_____ Date My Commission Expires</p>
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WVU Central Human Resources Use Only

Received by (Print): _____

Date: _____

Proof of Identity provided by Employee (if not Notarized): _____

WVU DHR Representative Signature

Date