



Rowan County Human Resources

130 West Innes Street, Salisbury, NC 28144

Phone (704) 216-8100 FAX (704) 216-8110

ATHORIZATION FOR THE RELEASE OF PERSONNEL RECORDS

I, _____, hereby authorize Rowan County Government to release my Personnel records, as specified below, to:

Name _____

Title/Organization _____

Address _____

I specifically authorize the release of the following Personnel file information:

___ Employment application

___ Payroll/salary records

___ Letters of Commendation/Discipline

___ Performance evaluations

___ Other: (Specify) _____

This authorization shall be valid for a period of one year from the date of signature.

Signature of Employee

Date

Note: The Authorization for the Release of Personnel Records shall be presented to Human Resources or the supervisor of the employee, and such releases shall become a part of the employee file.

STATE OF _____

COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____, either being personally known to me or proven by satisfactory evidence, personally appeared before me this day, and acknowledged the voluntary due execution of the foregoing instrument by he/she/them for the purposes stated therein.

WITNESS my hand and notarial seal, this ____ day of _____, 20__.

(Official Seal)

Notary Public: _____

Printed Name: _____

My Commission Expires: _____