



Sweet Briar College Record Release

EMPLOYEE NAME:  
STREE ADDRESS:  
CITY ST ZIP:

I hereby authorize Sweet Briar College to release my employment file information to \_\_\_\_\_(person/organization). I am aware that as policy, Sweet Briar College will only release dates of employment, salary, and title information.

I authorize the release of the following information:

\_\_\_\_\_ Dates of Employment  
\_\_\_\_\_ Salary  
\_\_\_\_\_ Job Titles

I hereby authorize Sweet Briar College to release my employment file information as indicated above. I further release and hold harmless Sweet Briar College for consequences arising or resulting directly or indirectly from the release of the authorized information as indicated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Return completed form to Sweet Briar College Director of Human Resources, Nicole Whitehead by email at [nwhitehead@sbc.edu](mailto:nwhitehead@sbc.edu) or by fax at 434-381-6486.