

Consent to Release Employment Information (CF-0838)

I _____, do hereby authorize:
(Print Full Name)

Western Mercantile Agency, Inc., to release the following employment information from my Official Personnel Files (OPF) to third parties if they call.

Check all items that apply:

- Dates of employment
- Salary and benefits
- Performance Records
- Disciplinary records
- Eligibility for rehire
- This release of information is good until _____
Date

I understand that the OPF information that I authorize to be released may be used by those third parties to consider me for employment or eligibility for loans. I understand that taking this action is entirely voluntary and that I am under no obligation to consent to the release of any information found in my OPF to any third party. I understand that failure to consent means that Western Mercantile Agency, Inc will not be able to verify any information for potential third party, regardless of if I complete a Release of Employment Information with that third party.

Signature (Sign in Ink)

Date

This Release of Information is valid for 90 days from the date of signature unless you have specified otherwise on this form. You may revoke this Release of Information at any time by sending a written request to Western Mercantile Agency, Inc, 165 S 5th Street Suite A, Coos Bay, OR, 97420 or by fax at (541) 269-7231.

Original: HR
Copy: Employee

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