

**DESIGNATED EMPLOYER REPRESENTATIVE (DER) FORM**

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMPLOYER PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**THE FOLLOWING PEOPLE ARE AUTHORIZED TO RECEIVE VERBAL AND/OR WRITTEN CONFIDENTIAL RESULTS AND OTHER NOTICES FOR EMPLOYER:**

DER # 1: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DER # 2: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DER # 3: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**EMPLOYER REPRESENTATIVE AUTHORIZING RELEASE OF INFORMATION:**

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

\_\_\_\_\_

DATE RECEIVED BY KES: \_\_\_\_\_

SIGNATURE OF KES REPRESENTATIVE: \_\_\_\_\_

PRINTED NAME OF KES REPRESENTATIVE: \_\_\_\_\_