

**WASHOE COUNTY HUMAN RESOURCES DEPARTMENT  
PO BOX 11130  
RENO, NV 89520-0027**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

FROM: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
Name

DEPARTMENT: \_\_\_\_\_ Position: \_\_\_\_\_

By signing this document I, \_\_\_\_\_, hereby give permission to Washoe County Department of Human Resources to release any and all files and records pertaining to my employment to the following agency or person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I release the above named employer and their agents and employees from any liability or claims I may have which arise or result from any information provided pursuant to this authorization or any authorized disclosure thereof.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date