



CITY OF SAN RAFAEL
RELEASE OF PERSONNEL INFORMATION

PART A – EMPLOYEE REQUEST

Employee Name: _____

Date of Request: _____

Release Information To: _____

**Description of
Information Requested:**

By signing below, I authorize the City of San Rafael to release my employment information as described above to the individual listed above.

Employee Signature

Date Signed

PART B – HR RELEASE OF INFORMATION

HR Rep. Name: _____

Date of Release: _____

Method of Release: _____