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| Quick Confirm Logo | Release of Information |

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| I |  | | | | | give QuickConfirm.com and | | | | |  | | | | | | | |
|  | *Employee Full Name* | | | | |  | | | | |  | *Employer's Name* | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Permission to release my information to: | | | | | |  |  | | | | | | | | | | | |
| Check the box for each category(s) needed - | | | | | |  | *Verifier’s Company Name (third-party requesting the verification)* | | | | | | | | | | | |
|  |  | Employment | | | |  | | | | |  |  | | | | | | |
|  |  | Salary | | | |  | | | | |  |  | | | | | | |
|  |  | Health Benefits | | | |  | | | | |  |  | | | | | | |
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| Specific Information Requested: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| *(Enter the information you are requesting on the above lines)* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Reason for Request | | | | |  | | | | | | | | | | | | | |
|  | | | | | *(such as – immigration letter, wage loss, adoption, employee discount program, daycare, school district approval, retirement confirmation for social security, etc.)* | | | | | | | | | | | | | |
| Please send my information to | | | | |  | | | | | | | | | | | | | |
|  | | | | | *Address/Fax/Email* | | | | | | | | | | | | | |
| **This release is good for 30 days from the date signed.** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Print Name | | |  | | | |  | Last four digits of your Social Security Number | | | | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Contact Phone Number | | | |  | | | | | |  | | | | | | | | |
|  | | |  | | | | |  |  | | | | |  | | | | |
| Signature | | |  | | | | |  | Date of Signature | |  | |  | |  |  |  | |
|  | | |  | | | | |  |  | | *MM* | |  | | *DD* |  | *YYYY* | |
| Additional Comments – (if any): | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |