|  |  |
| --- | --- |
| Quick Confirm Logo |  Release of Information |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |  |  |
|  |
|  |
| 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): |
|  |