



PERSONNEL RECORD RELEASE AND WAIVER

PRINT Your Full Name	Today's Date
Please check one:	
<input type="checkbox"/> Applicant	<input type="checkbox"/> Current Employee
<input type="checkbox"/> Former Employee	

Pursuant to CBJ Personnel Rule 17.010, an employee or former employee may examine his or her own personnel records, with the exception of selection information deemed confidential under the Rules, and may give written authorization to others to examine these records.

Purpose of Inquiry:

<input type="checkbox"/> Job Reference Request From Potential Employer	<input type="checkbox"/> Credit Check
<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> Other – please specify: _____
<input type="checkbox"/> Workers' Compensation Information	

Nature of information desired (please check all that apply):

<input type="checkbox"/> Dates of employment*	<input type="checkbox"/> Position held*
<input type="checkbox"/> Salary of last position held*	<input type="checkbox"/> Contents of Personnel File
<input type="checkbox"/> Copies of performance evaluations	<input type="checkbox"/> Attendance Records
<input type="checkbox"/> Disciplinary actions	<input type="checkbox"/> Other – please specify: _____
<input type="checkbox"/> Analysis of likelihood of success in specific position	

*This information is available without a signed release. **Cost of copied materials is _____ cents per page to be paid prior to receipt of copies.

ORGANIZATION REQUESTING INFORMATION

Name of Organization: <u>City & Borough of Juneau</u>	Contact Person: _____
Phone Number: <u>(907) 586-5250</u>	Fax Number: <u>(907) 586-5392</u>
Complete Address of Organization: <u>155 S. Seward Street, Juneau, Alaska 99801</u>	

PERSON AUTHORIZING RELEASE OF INFORMATION

I, _____ (applicant, employee, former employee), hereby authorize and request the City and Borough of Juneau to provide information regarding my employment to:

My signature indicates that I release the City and Borough of Juneau, its officers and employees, from any and all liability for providing the above-marked information to the requesting party indicated on this form. This release is good for 90 days following the date written below.

***** OR *****

I, _____ (applicant, employee, former employee), hereby authorize and request _____ to provide information regarding my employment to the City and Borough of Juneau.

My signature indicates that I release _____, its officers and employees, from any and all liability for providing the above-marked information to the requesting party indicated on this form. This release is good for 90 days following the date written below.

_____ Signature	Date Signed: _____ Social Security Number: _____
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