

Consent to Release Employment Information

Please complete the following form and return to Human Resources

- Fax: 888-696-8552
- Mail:
 - MRCI - CDS
 - 1961 Premier Dr. Suite 318
 - Mankato, MN 56001

Employee Information

Employee name: _____	
Phone number: _____	Last 4 digits of SSN: _____

<p>I authorize MRCI to release the following information:</p> <p><input type="checkbox"/> Letter of Employment Verification</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hire date <input type="checkbox"/> End date <input type="checkbox"/> Benefit eligibility <input type="checkbox"/> Wage <input type="checkbox"/> Verification of earnings from _____ to _____ <p><input type="checkbox"/> Copies of Pay Statements from _____ to _____</p> <p>Other: _____</p>	<p>Please send requested information to the following:</p> <p><input type="checkbox"/> Fax: _____</p> <p>Attn: _____</p> <p><input type="checkbox"/> Mail: _____ _____</p> <p><input type="checkbox"/> Email: _____ _____</p>
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Signature _____ **Date** _____

HR Office Use Date received _____	Completed by _____
Form revised 1/10/2019	