



Seattle Public Schools  
Authorization for Release of Personal Employee Information  
(This form does not apply to an employee's medical information)

I,

authorize Seattle Public Schools to disclose my personal information to:

Myself                      Third Party

**Please fill out the information below if this is a request for Third Party.**

Name of Third Party:

Title:

Organization:

Phone:

Fax:

E-mail:

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The following information will be used to confirm your identity. We may also need to phone you for the same purpose or for other related enquiries.

Employee ID:

Date of Birth

Contact Phone Number:

Job Title:

Manager:

Work Location:

Home Address:

City:

State:

ZIP:



**Seattle Public Schools**  
**Authorization for Release of Personal Employee Information**  
*(This form does not apply to an employee's medical information)*

I authorize Seattle Public Schools to disclose the following information *(please be specific)*:

I understand that when disclosed, the information being released will be used for the following purpose:

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**If the third party has a Power of Attorney for the employee, please attach a copy to this request and sign below.**

This consent becomes effective from the following date: (DD/MM/YYYY):

Print Name:

Signature:

Date:

Please print, sign, and return the signed form by one of the following methods:

E-mail: hr@seattleschools.org  
Fax: (206) 743-3020  
Mail: Seattle Public Schools - 2445 3rd Av S., Seattle, WA 98134, M/S 33-391 HR  
Drop off: John Stanford Ctr., 2445 3rd Av S., Seattle, WA 98134 - 3rd Floor - HR

This form meets the requirements for consent in the Freedom of Information and Protection of Privacy Act and Regulations.