

AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

I, the undersigned, _____ Employee # _____ hereby authorize my employer/former employer, New York Power Authority to release information relative to my employment with New York Power Authority to the following. I further release New York Power Authority from any liability from doing so.

Information relative to my employment with New York Power Authority may be released to:

Company/Organization

Individual

Contact Name: _____

Company Name: _____

Company Address: _____

Telephone Number: _____

Following is the information to be released with this authorization (check all that applies):

- | | | |
|--------------------------|----------------------------------|--------|
| <input type="checkbox"/> | Current status (active/inactive) | Other: |
| <input type="checkbox"/> | Date of hire | |
| <input type="checkbox"/> | Last date of employment | |
| <input type="checkbox"/> | Job title | |
| <input type="checkbox"/> | Location | |
| <input type="checkbox"/> | Salary | |

X _____

Employee Signature

X _____

Date

My Current Address: _____

Phone: _____