

# MRCIWorkSource

## 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:	Date:
Phone number:	Last 4 digits of SSN:

### I authorize MRCI WorkSource to release the following information:

- Hire date
- End date
- Wage
- Verification of earnings from \_\_\_\_\_ to \_\_\_\_\_
- Copies of Pay Statements from \_\_\_\_\_ to \_\_\_\_\_
- Benefit eligibility
- Other \_\_\_\_\_

**Signature** \_\_\_\_\_

### HR Office Use

Date received \_\_\_\_\_

Completed by \_\_\_\_\_