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| **CONSENT AND AUTHORIZATION** |
| --- |
| **TO RELEASE CONFIDENTIAL RECORDS** |

The undersigned hereby consents and authorizes the release, by Fayetteville Technical Community College, of the following confidential personnel records from the undersigned’s employment record:

|  |
| --- |
|  |
|  |

Fayetteville Technical Community College is authorized by the undersigned to release the above specified records to the following persons or entities:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Self: |  | | Address: |  |
| Other Entity (ies): | |  | Address: |  |
|  | |  |  |  |

|  |
| --- |
|  |
| Signature |

|  |
| --- |
|  |
| Datatel ID # (if available): |

|  |
| --- |
|  |
| Date of Birth |

|  |
| --- |
|  |
| Name (Print) |

**Verification of Identity: (Required only if form is not presented in person)**

Verified by Notary Public:

Sworn and subscribed before the undersigned Notary Public this the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_, 20\_\_\_.

|  |
| --- |
|  |
| Notary Public Signature |

My Commission Expires: