

Release of Information Form

Please print your full name

NON-RELEASE

I **DO NOT AUTHORIZE** The Graduate Center (GC) officials to supply information concerning my status with the GC, including salary information, on written requests from banks, retail organizations and (credit rating services), without first consulting me, I agree to come to the Office of Human Resources, upon request, every time there is any inquiry on my status and to sign a specific release if I wish information released.

Signature: _____ Date: _____

GENERAL RELEASE

I **HEREBY AUTHORIZE** The Graduate Center (GC) to supply information concerning my status, including salary information, on written request from banks, retail organizations, and (credit rating services). Such information may be given out further without consultation with me.

I understand that it is the policy of the GC not to release information over the telephone. In an instance where I wish to have information given to an authorized person over the telephone, I will sign a separate release.

Signature: _____ Date: _____