



UNIVERSITY of WISCONSIN
GREEN BAY

UW – Green Bay Child Welfare Education Program
Attachment F

Release of Employment Records

I, _____, authorize _____ to disclose to
(print first and last names) (print full name of employer)

the Social Work Professional Programs at UW-Green Bay the following employment records:

- Date of hire
- Employment status at agency (e.g., currently employed, no longer employed, etc.)
- If no longer employed, reason for leaving and last date of employment
- Title of position I hold/held
- Description of position I hold/held
- Percent of full-time employment (e.g., 100%, 50%, etc.)

Information can be communicated on my behalf via e-mail or telephone.

This authorization will be in effect until four (4) years from the date of signatory, unless a release of this right is submitted in writing to the Child Welfare Coordinator.

(print first and last names)

(signature)

(date)