

UNIVERSITY OF HAWAII
OFFICE OF HUMAN RESOURCES
2440 CAMPUS ROAD
ADMINISTRATIVE SERVICES BUILDING #2
HONOLULU, HAWAII 96822-2246

AUTHORIZATION CERTIFICATE FOR RELEASE OF INFORMATION

Name of Employer _____

Address of Employer _____

City, State, and Zip Code _____

Contact Person and Phone No. (include area code) _____

I authorize the release of information concerning my employment to
_____. I understand that the Information will include period of
Name of School/College/Office/Unit

employment, official title, duties and responsibilities, work habits and attitude, and reason for
termination.

Signature

Print Name

Street Address

City and State

Last Four Digits of Social Security Number

Date _____