

AUTHORIZATION TO RELEASE INFORMATION

Employee Name: _____ NSU ID #: _____
Previous Name: _____ Telephone #: _____

I request and authorize NOVA SOUTHEASTERN UNIVERSITY, OFFICE OF HUMAN RESOURCES
to release information of the individual names above to:

Name: _____ Fax #: _____
Address: _____
City: _____ State: _____ Zip Code: _____

How would you like your letter of verification send? (Check all that apply)

- Fax
- Mail
- Call me for pick-up (A photo ID is required at the time of pick up)

This request and authorization applies to the release of information pertaining to my employment at Nova Southeastern University. The information contained in this transmission is confidential, proprietary or privileged and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPPA). This message is intended sole use of the individual or entity to which it is addressed. If you are not in the intended recipient, you are notified that any use, distribution or copy of the message is strictly prohibited and may subject you to criminal or civil penalties. If you received this transmission in error, please contact the sender immediately.

Employee Signature: _____ Date: _____