

Axiom Requisition Copy Service
447 North Canal Road, Lansing, Michigan 48917
517.886.5099 – 877.886.5090 toll free – 517.886.4116 facsimile

AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

TO:

REGARDING:

EMPLOYEE'S NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH

I, the undersigned, hereby authorize the records custodian or the employment records department or the director or designee of the above named to release to Axiom Requisition Copy Service on behalf of the requesting party any and all information requested by the accompanying subpoena or letter. I understand that this employment information may include but not limited to records, if any, on alcohol and drug abuse, psychology, social work, and information about HIV, AIDS, and ARC.

I, the undersigned, understand that unless I expressly direct otherwise, that (a) the custodian will make the employment information reasonably available for inspection and copying, or (b) the custodian will deliver to Axiom Requisition Copy Service on behalf of the requesting party, the original information or a true and exact copy of the original information accompanied by the provided Verification Statement. I also understand that I may revoke this authorization, except to the extent action has already been taken in reliance upon this authorization, at any time by sending a written revocation to the custodian of employment information.

This authorization is valid for a period of 12 months after being signed or upon occurrence of the following event that relates to me or to the purpose of intended use or disclosure of information about me:

I, the undersigned, understand that the recipient of the information provided may make further disclosure of this information that may not be subject to the protections set forth in 45 CFR Parts 160 through 164.

A photocopy of this authorization shall be considered as valid as the original.

EMPLOYEE'S SIGNATURE

DATE

PARENT / LEGAL GUARDIAN SIGNATURE

DATE

PERSONAL REPRESENTATIVE (DECEASED PATIENT)

DATE

PLEASE INCLUDE LETTER OF AUTHORITY TO ACT FOR THIS INDIVIDUAL

SUBSCRIBED AND SWORN BEFORE ME

THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC _____ COUNTY

MY COMMISSION EXPIRES: _____