



Consent for Benefits and Personnel Records Release

I hereby authorize _____ to receive information, including copies, from my personnel records. Specifically, I authorize _____ to receive records related to: _____. I hereby release and hold harmless UNC Asheville, its employees, trustees and agents, from any liability and from any and all claims related to providing any and all such records to Human Resources. This authorization shall survive my physical or mental incapacitation and shall endure until such authorization is revoked, in writing, by me or by my attorney-in-fact, and such written revocation is provided to UNC Asheville's Director of Human Resources.

Employee Signature

Date

Name Printed

Witness Signature

Date

Name Printed