



## Exit Interview, Authorization for Current or Exiting Employee

### AUTHORIZATION FOR CURRENT OR EXISTING EMPLOYEES

Name of Current/Exiting Employee: \_\_\_\_\_

Name of Prospective Employer: \_\_\_\_\_

I, Name of Current/Former Employee, hereby authorize and grant my informed consent to permit, you Wadena County, to release and make available to Name of Prospective Employer and/or its agents and/or representatives the following data which is classified as private and which concerns me:

1. Copies of my written performance evaluations conducted before my separation from Wadena County;
2. My written response(s) to the evaluation(s) contained in my personnel record/file; and
3. My written reasons for separating from Wadena County.

I understand that I may refuse to allow release of this data and that the purpose of permitting Name of Prospective Employer to have access to this information is to check references and to determine my suitability for employment.

This authorization shall be valid for a period of one year but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to Wadena County or to you of that fact. A photocopy of this authorization will be treated in the same manner as would the original release form.

Signature \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_

Printed Name \_\_\_\_\_

SSN\* \_\_\_\_\_

Telephone Number\*\* \_\_\_\_\_

Mailing Address\*\*:  
\_\_\_\_\_  
\_\_\_\_\_

\* Your social security number is requested only to further identify you. You are not legally obligated to provide it.

\*\* Your telephone number and mailing address is requested in order for us to contact you regarding this release of information.