

WVU Shared Services Center – Workforce Administration
PO Box 6700 • One Waterfront Place • Morgantown, WV 26506 • (304) 293-6006 •
SharedServices@mail.wvu.edu

Authorization for Release of Information

Please Print:

Employee Name: Last, First MI	Date of Birth:
Employee Number # /WVU ID:	Work Phone #:
Home Phone #:	Email :

I authorize the West Virginia University Shared Services and the Division of Talent and Culture to release information related to the items checked below to the following individual(s):

Name: Last, First MI	Relationship to Employee:
Address (Street, City, State, Zip Code)	Phone Number:
Name: Last, First MI	Relationship to Employee:
Address (Street, City, State, Zip Code)	Phone Number:

SPECIFIC INFORMATION/RECORDS AUTHORIZED: (select one or more)

- All Benefits Related Information (including Separation Plans, if applicable)**
- Only the Items Checked Below**
- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Health Insurance <input type="checkbox"/> Retirement (excluding beneficiaries) <input type="checkbox"/> Life Insurance (excluding beneficiaries) <input type="checkbox"/> Flexible Spending Account(s) Leave Information (e.g., annual, sick) Other: | <ul style="list-style-type: none"> Disability Insurance (Short and Long-Term) <input type="checkbox"/> Dental Insurance <input type="checkbox"/> Vision Insurance <input type="checkbox"/> Separation Plans Medical Management Information (e.g. medical leave, catastrophic leave, FMLA) |
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EXPIRATION OF DISCLOSURE AUTHORIZATION:

You may revoke this authorization at any time. To revoke this authorization, send a written statement to:

**West Virginia University Shared Services Center
Attention: Workforce Administration
PO Box 6700
Morgantown, WV 26506**

The written statement must identify this authorization by referring to the date it was signed (below). The statement must also include the date on which this authorization is no longer in force. If you revoke this authorization, we may still use and disclose the information for the purposes listed above, if we have already taken action in reliance on this authorization.

You should maintain copies of both this document and any subsequent documents for your records.

Employee Signature

Date

**[Click here to email form to
WVU Shared Services.](#)**