

**AUTHORIZATION FOR RELEASE OF  
PERSONNEL / PAYROLL RECORDS**

Release Information to: Burke Blue Hutchison Walters & Smith, P.A.

Address: 221 McKenzie Avenue, Panama City, Florida 32401

Reason for Release: Legal purposes

Employees Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Requestor Name: William S. Henry

**Please Initial all Appropriate Blanks:**

\_\_\_\_\_ Application                      \_\_\_\_\_ Performance evaluations                      \_\_\_\_\_ Entire employment file

\_\_\_\_\_ Payroll records                      \_\_\_\_\_ Resignation letter

\_\_\_\_\_ Letters of Discipline                      \_\_\_\_\_ Other: \_\_\_\_\_

I understand that the facility may charge a fee for the costs of copying, mailing and other supplies associated with this request as authorized by Florida Statute 395.3025.

I authorize The office of Burke Blue Hutchison Walters & Smith, P.A. to pick up my records.

I understand that this information is protected under federal law and I have the right to revoke this authorization in writing. I understand that this consent is revocable upon written notice to the employer, unless action has been taken on this authorization. This authorization shall remain in force until close of case in order to effect the purpose for which it is given. By signing below, I understand that I may refuse to sign this authorization. Release of this information may be in several different forms, including verbal, written, audio, or electronic media (i.e.: fax, U.S. mail, FedEx, courier, etc).

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
Date