

NAVAJO HEAD START

HUMAN RESOURCES SECTION

P.O. Box 3479 / 1 Morgan Blvd.
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RELEASE OF INFORMATION

NAME OF EMPLOYEE

WORKSITE

SOCIAL SECURITY NUMBER

EMPLOYMENT STATUS:

ACTIVE

INACTIVE

CONSENT TO RELEASE

SIGNATURE

DATE

REQUESTED PERSONNEL DOCUMENTS / INFORMATION

RELEASE OF THE ENTIRE PERSONNEL RECORD REQUIRES AN OFFICIAL MEMORANDUM AND TEN (10) WORKING DAYS.

Provide specific or detailed information in regards to the information being requested.

SOCIAL SECURITY CARD

CERTIFICATE(S) _____

I.D. / DRIVER'S LICENSE

DEGREE(S) _____

RESUME

TRANSCRIPT(S) _____

DIPLOMA

MEMORANDUM(S) _____

NN APPLICATION(S)

PAF(S) _____

OTHER: _____

EMAIL / FAX / MAIL TO: _____

NHS - HR USE ONLY

TYPE OF DOCUMENT(S) RELEASED - DESCRIPTION OF DOCUMENT(S)

IN PERSON

INFORMATION RELEASED TO: _____

FAXED TO:

ORGANIZATION / DEPARTMENT

FAX NUMBER

MAILED TO:

ORGANIZATION / DEPARTMENT

EMAILED:

EMAIL ADDRESS

ADDRESS

VERIFIED AND RELEASED BY:

SIGNATURE

TITLE

DATE

Revised: GT 4/22/2015