



TURNING STONE
ENTERPRISES

EMPLOYEE RELEASE OF INFORMATION CONSENT

I, _____, hereby authorize Turning Stone Enterprises, LLC, to release the following information to the
(Print Name) company, agency or individual listed below.

Company/Agency/Individual Name: _____

Information to be released (please circle all that apply):

My Dates of Employment:	Yes / No
My Current Department:	Yes / No
My Current Position:	Yes / No
My Current Salary:	Yes / No
My Current Address:	Yes / No
My Current Telephone Number:	Yes / No
My Social Security Number:	Yes / No
Information Regarding Benefit Plans and Enrollments as outlined below:	Yes / No

Employee Signature: _____ Date: _____

Employee Number: _____

Turning Stone Enterprises, LLC Representative Signature: _____

Note: Information may only be released to the company, agency or individual listed above. This form should be retained in the employee file with a copy of the information requested.