



Leech Lake Band of Ojibwe

Release of Information Form

Leech Lake Band of Ojibwe considers all contents of the personnel file to be confidential and tribal property. In order for specific information to be released from a current or former employee's personnel file, this Release of Information Form must be completed and signed by the employee.

Name of Employee: _____

ID #: _____

Department: _____

Worksite _____



I am giving my authorization for the LLBO Personnel/Payroll Department to release copies of the following information from my personnel file:

- Verification of Hire date
- Amount of Leave Hours
- Verification of Outstanding Tribal Loan Status
- Hourly Wage

This information is to be:



Given to me. I will pick up the photocopies of what I have requested above



Photocopied and mailed / faxed to me at:

- Mailing Address: _____
- Fax #: _____ Phone #: _____



Provided to:

- Person/Company Name: **Leech Lake Financial Services, Inc.**
- Mailing Address: **PO BOX 848 • Cass Lake, MN • 56633**
- Fax #: **218.339.3940** Phone #: **218.339.3944**

I understand that this release of information is valid ONLY for this one time use, if I am in need of further information to be released for any purpose, it is my responsibility to complete a whole new Release of Information Form. The Leech Lake Band of Ojibwe is not responsible for any of the information once it has been given as directed above. LLBO also reserves the right to refuse to release any information to anyone if this form is not completed correctly or signed by the current/former employee requesting it.

LLBO Current/Former Employee Signature

Date

Received by: (Human Resources Representative Signature)

Date

OFFICE USE ONLY:

- Picked up by employee on: _____ Mailed out on: _____
- Fax confirmed on: _____

Task completed by: _____

Signature

Date