



Release of Information Form

Leech Lake Financial Services Inc considers all contents of the personnel file to be confidential. 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 LLFS Personnel/Payroll Department to release copies of the following information from my personnel file:

- Verification Outstanding Debt owed to LLFS
- Amount of Leave Hours
- Verification of Outstanding Loan Status
- Employment Verification/Status
- Rate of Pay
- _____
Other Eligibility needs

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 #: 218.339.3944 Phone #: 218.339.3940

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. Leech Lake Financial Services, Inc. is not responsible for any of the information once it has been given as directed above. LLFS 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.

Full Signature (First M Last) _____
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