



University of Iowa Payroll Services
Payroll Information Release Form

Please complete this form in its entirety. This release is not valid if it does not contain the employee's original signature and date signed or if it has expired as described below.

I hereby authorize: University of Iowa Payroll Services
120 University Services Building, Suite 30
Iowa City, IA 52242-1911

To disclose the following information from the payroll records of:

Name _____
Last, First, M.I.

Address _____
Street, City, State, Zip

Birth Date _____/_____/_____ Telephone _____ (Home)

University ID Number _____ (Work)

This information is to be disclosed to (please print):

Covering the periods: From _____/_____/_____ To _____/_____/_____

(If "To" is left blank, it is assumed to be an open-ended release.)

Affirmation of Release:

I give University of Iowa Payroll Services permission to release my payroll information to the individuals(s) or agency(s) I have named. I understand that this release is valid from the date I sign it and I may revoke this authorization at any time. The revocation will take effect on the date it is received in writing.

Signature of Employee

Date Signed