



**Employee Records Release  
Authorization Form**

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*Please return this completed release to Human Resources, 165 Administration Building, (901) 678-3573.*

Employee Name: \_\_\_\_\_

**Statement of Approval:**

By my signature below, I give The University of Memphis permission to release information to

\_\_\_\_\_ concerning my employment and rate of compensation. My University

Banner ID (U#) is \_\_\_\_\_.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please add any additional information you think may be relevant to this request.**