

JAL POLICE DEPARTMENT

Drawer W

Jal, New Mexico 88252

Phone: (505) 3

Fax: (505) 3



RELEASE OF INFORMATION FORM

I, _____

GIVE (NAME OF EX-EMPLOYER OR EMPLOYERS) _____

PERMISSION TO RELEASE TO JAL POLICE DEPARTMENT INFORMATION CONTAINED IN MY PERSONNEL FILE REGARDING THE FOLLOWING AREAS:

- DATE OF HIRE
- DATE OF TERMINATION
- BEGINNING SALARY
- ENDING SALARY
- ATTENDANCE RECORDS (FOR THE PAST TWO YEARS)
- TARDINESS
- VACATION TIME
- ADMINISTRATIVE LEAVE TIME
- LEAVE WITHOUT PAY
- WORKER'S COMPENSATION LEAVE
- ILLNESS OR INJURY
- PERSONAL TIME
- PERFORMANCE EVALUATIONS (FOR THE PAST TWO YEARS)
- DISCIPLINARY AND TERMINATION RECORDS (FOR THE PAST TWO YEARS)
- ALL OF THE ABOVE

SIGNATURE

STATE OF NEW MEXICO)
) SS.
COUNTY OF LEA)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____.