

Consent to Release Employment Information

Please complete the following form and return to Human Resources

- Fax: 888-696-8552
- Mail:
 - MRCI - CDS
 - 1750 Energy Drive PO Box 328
 - Mankato, MN 56002

Employee Information

Employee name: _____	
Phone number: _____	Last 4 digits of SSN: _____

<p>I authorize MRCI to release the following information:</p> <p><input type="checkbox"/> Letter of Employment Verification</p> <p style="margin-left: 40px;"><input type="checkbox"/> Hire date</p> <p style="margin-left: 40px;"><input type="checkbox"/> End date</p> <p><input type="checkbox"/> Copies of Pay Statements* from _____ to _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> W-2 Year: _____</p> <p><small>*Pay Statements include wage</small></p>	<p>Please send requested information to the following:</p> <p><input type="checkbox"/> Fax: _____</p> <p>Attn: _____</p> <p><input type="checkbox"/> Mail: _____</p> <p>_____</p> <p><input type="checkbox"/> Email*: If requesting through email, please watch for a secure email return with statement "New Zix Secure email message from MRCI"</p> <p>_____</p> <p>_____</p>
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MRCI will process requests within 48 hours of receiving completed release.

Signature _____ **Date** _____

HR Office Use Date received _____	Completed by _____
<small>Form revised 7/2022</small>	