



H.R. EMPLOYEE RECORDS SIGNATURE RELEASE FORM

Name: _____ Previous Name: _____	Date: _____
UKID# _____	Employed on: _____ Campus _____ Healthcare _____ Student _____ Temp/STEPS/On-Call
Approximate Dates Employed: _____ to _____	Copy of Photo ID attached: Email to employeerecords@uky.edu or Fax to 859.257.8514 (ID required by HR Employee Records for those who do not use an active UKY.edu email address to receive records) Photo ID attached: Yes _____

Address:

Street: _____ City: _____ State: _____ Zip Code: _____

Phone # _____ Email: _____

Signature Permission:

I, _____ (signature), give University of Kentucky H.R. Records permission to release*:

_____ Copy of Employee File _____ Rehire Consideration Packet

**Note: Please select one option. A separate release and an additional order on our site, ukhr.uky.edu/emprec, is required for each selection chosen. Also note, the records provided may contain confidential information.*

Preferred Method of Return: _____ Scan/Email _____ Fax

*I give permission to the following to receive my documents **Photo ID required of individual documents are released to**:*

_____ I give my spouse (first and last name) _____

_____ I give non-spouse (first and last name) _____

Additional Notes:

