



SWEETWATER UNION HIGH SCHOOL DISTRICT Human Resource Services Division

Phone: (619) 691-5530 * Fax: (619) 600-4902

STATEMENT OF CONSENT

I, , authorize the release of information
PRINT NAME
concerning my employment with the Sweetwater Union High School District.

Please address the letter to:

NAME OF AGENCY

AGENCY'S STREET ADDRESS

AGENCY'S CITY, STATE AND ZIP CODE

Please address the letter To Whom It May Concern.

Please include the following information:

HIRE DATE

JOB TITLE

PAY RATE

WEEKLY WORK HOURS OTHER (please specify)

Request Date

Social Security No.

Position Title

Phone No.

Cell Phone

Fax No.

Mail letter to the above address I will pick up Send to Site

Signature of the Employee _____

*Please return this form to **Natalie Ponce** or the HR Receptionist.

***NOTE:** It takes at least **three (3) business days** to complete your request.