



CITY OF PORTLAND, BUREAU OF HUMAN RESOURCES
 AUTHORIZATION FOR RELEASE OF PERSONNEL FILE INFORMATION
 REVIEW ALL SECTIONS, DATE AND SIGN

I, _____, authorize the disclosure of my Personnel File information as described in Section III below.

II. The information is to be disclosed by: And is to be provided to:

NAME OF FACILITY	NAME
ADDRESS	ADDRESS/PHONE NUMBER
CITY/STATE	CITY/STATE

III. Information to be Disclosed pursuant to this authorization:

- Entire Personal File
- Only information related to (specify) _____
- Only the period of events from (specify) _____

IV. Purpose of the Disclosure: The disclosure is being made for the following reasons:

V. Signature

I, _____, have had full opportunity to read and consider the contents of this authorization, and I confirm that the contents are consistent with my direction. I understand that, by signing this form, I am confirming my authorization that the City of Portland may disclose to the persons and/or organizations named in this form information contained in my personnel file.

Print Name: _____

Signature: _____ Date: _____

As the Bureau of Human Resources will no longer have exclusive control of the materials being copied per this request, **I hereby acknowledge that the Bureau of Human Resources can no longer guarantee confidentiality for said materials.** ____ (initials)

The Bureau of Human Resources may charge fees for providing information to requestors. These charges may not exceed the actual cost of providing the information but may include copying costs and costs for labor involved in locating and copying the information.