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EMPLOYEE GENERAL RELEASE & REQUEST FORM

The purpose of this form is to provide a written request and provide us with a signed release for certain employment-related information to a third party. This form should be used whenever the third-party does not supply you with a written form and/or when your signed release of information is not present.

If you are faxing this document, please fax to: 651-306-1359, otherwise you may mail or drop this form off in person.

I, _____, am requesting that Caring Professionals Homecare
(printed name of employee)

release the following information to _____ : Address: _____
(name of entity/agency/person)

Fax: _____

<input type="checkbox"/>	INCOME VERIFICATION (PRINT OUT OF WAGES)
<input type="checkbox"/>	EMPLOYMENT VERIFICATION
<input type="checkbox"/>	OTHER

The details of my request (including date details) are as follows: _____

Date Third Party Needs this Information: _____

I understand that Caring Professionals Homecare has up to 48 hours to process this request. By signing below, I am authorizing Caring Professionals Homecare to release the above information to a third party.

Signed: _____

Dated: _____