

**KINGSBOROUGH COMMUNITY COLLEGE  
of The City of New York**

**PERMISSION FOR ACCESS TO EMPLOYMENT RECORDS**

This form allows employees to grant third parties access to their employment records, including health and medical records, maintained by the Office of Human Resources.

PLEASE PRINT:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

I, THE UNDERSIGNED, HEREBY AUTHORIZE Kingsborough Community College of The City University of New York to release the following employment records and information (identify records or types of records below):

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These records should be released to the following person/agency (identify full name and address of person/agency to receive information):

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These records are being released for the purpose stated below:

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I understand that: 1) this authorization will expire on the day my employment at Kingsborough Community College expires; 2) that I may revoke this authorization at any time, in writing, except to the extent that action has been taken in reliance on this authorization; and 3) that once this information is disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient(s), and may no longer be protected by federal and state privacy regulations.

Dated: \_\_\_\_\_ Employee's Signature: \_\_\_\_\_

\_\_\_\_ I do not authorize release of any records and information to: \_\_\_\_\_