



SOUTHEASTERN CONFERENCE EMPLOYEE RELEASE OF INFORMATION CONSENT FORM

I _____ (*insert name*) am hereby requesting that Southeastern Conference of Seventh-day Adventists share information pertaining to my employment with:

(please insert name of company or individual above)

I acknowledge that I have been informed that it is Southeastern Conference's general policy not to disclose any information regarding its employees. By signing this release, I am voluntarily requesting that Southeastern Conference depart from this general policy in responding to the items checked below:

Please check information to be released:

- Social Security Number
- Position
- Hourly Rate
- Hire Date
- Yearly Rate
- Disciplinary Status
- Service Record
- Verification of Employment
- Retirement Information
- Employee Evaluation
- Other: _____

In exchange for Southeastern Conference's agreement to depart from its general policy and to share employee related information pursuant to my request, I agree to release and discharge Southeastern Conference of Seventh-day Adventists from all claims, liabilities, and causes of action, know or unknown, fixed or contingent, that arise from or that are in any manner connected to the disclosure of employment-related information.

I acknowledge that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of my choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person.

This release sets forth the *entire* agreement between Southeastern Conference of Seventh-day Adventists and me, and I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this document.

Signed: _____
(Employee Signature)

Date: _____