

## **AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION**

I, the undersigned hereby authorize the below named facility, its directors or agents, to disclose information and records of the person identified below (applicant), which includes information that may be stored in a paper and/or electronic format. I authorize my information to be released to:

**Gatsby Properties LLC / Christopher Moak - Agent**

**3 Village Dr. Madison MS, 39110**

**c.moak@gatsbypropertiesllc.com**

**601-807-6796**

Applicant's name: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Length of employment: \_\_\_\_\_ Position: \_\_\_\_\_

Full time / Part time: \_\_\_\_\_

Salary: \_\_\_\_\_ Paid weekly, bi-weekly or monthly: \_\_\_\_\_

The forgoing authorization shall continue in force for 120 days from date of signature, or until revoked by me in writing. I understand that I may revoke this consent at any time, in writing to the facility and recipient identified above, except to the extent that action has already been taken to comply with it. A copy of this authorization shall be as valid as the original.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_