

**The University of Iowa Payroll Office  
Payroll Information Release Form**

Please complete this form in its entirety. This release is not valid if it does not contain the employee's original signature and date signed or if it has expired as described below.

**I hereby authorize:** The University of Iowa Payroll Office  
120 University Services Building, Suite 30  
Iowa City, IA 52242-1911

**To disclose the following information from the payroll records of:**

Name \_\_\_\_\_  
Last, First, M.I.

Address \_\_\_\_\_  
Street, City, State, Zip

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Telephone \_\_\_\_\_ (Home)

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_ (Work)

**This information is to be disclosed to (please print):**

\_\_\_\_\_  
\_\_\_\_\_

**Covering the periods:** From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(If "To" is left blank, it is assumed to be an open-ended release.)

**Affirmation of Release:**

I give The University of Iowa Payroll Office permission to release my payroll information to the individuals(s) or agency(s) I have named. I understand that this release is valid from the date I sign it and I may revoke this authorization at any time. The revocation will take effect on the date it is received in writing.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date Signed