

PERSONNEL RECORDS RELEASE REQUEST

Request Date: _____

NAME OF SCHOOL/PARISH/INSTITUTION: _____

EMPLOYEE NAME: _____
(include name while employed if different)

DATE OF BIRTH: _____

DATES EMPLOYED: _____

REQUESTOR: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

I agree to hold harmless the Diocese of Baton Rouge, the Roman Catholic Church, its subordinate Parishes, Bishops, clergy, and their successors in office, the aforesaid school and all other persons and institutions connected with them from any liability for releasing this information pursuant to my request.

SIGNATURE OF AUTHORIZATION: _____

*Note: The person authorizing release must be the person named in the record. Anyone else must show proof of power-of-attorney.

RETURN THIS FORM ALONG WITH A COPY OF PHOTO IDENTIFICATION TO:

Diocese of Baton Rouge
Department of Archives
P. O. Box 2028
Baton Rouge, LA 70821-2028
USA