

**THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL  
EQUAL OPPORTUNITY AND COMPLIANCE OFFICE  
214 W. CAMERON AVE., CB 9160  
919-966-3576 PHONE, 919- 962-2562 FAX  
711 (NC RELAY)**

**AUTHORIZATION FOR RELEASE OF EMPLOYEE CONFIDENTIAL PERSONNEL FILE INFORMATION**

I am at least eighteen (18) years of age and am otherwise competent to understand and agree to the following and to provide my consent as follows:

1. I am a current or former employee of The University of North Carolina at Chapel Hill (the "University"). My name and information regarding my employment are as follows:

Full Name: \_\_\_\_\_  
Department(s): \_\_\_\_\_  
Job Title(s): \_\_\_\_\_  
PID: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_

2. I understand that information contained in my personnel file with the University may be confidential under state law. By signing this authorization form, I give my consent and authorize the Equal Opportunity and Compliance (EOC) Office to release any and all confidential personnel file information maintained by the EOC Office regarding me to the following individual or entity, as my authorized agent pursuant to North Carolina General Statutes section § 126-24(1):

Name/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_  
Email address: \_\_\_\_\_

3. I understand that once these confidential records and information are released, they may no longer be confidential and may be subject to re-disclosure by a recipient of such records and information. The University, its agents, employees and representatives are released and discharged of any liability arising from further disclosure of these documents, and I will hold the same harmless for releasing such records and information.
4. I understand that this consent shall remain in effect unless and until I deliver a signed revocation of this consent to the University, directed to the EOC Office or appropriate authority. I understand that any such revocation will not apply to records and information that have already been released by the University pursuant to this consent. A record of this form and any revocation will be maintained at the EOC Office.
5. I have read and understand the information in this form, the acknowledgements that I am making, and the effect of this consent.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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