



AUGUSTA
UNIVERSITY

AUTHORIZATION FOR RELEASE OF EMPLOYEE BENEFITS INFORMATION

I authorize the release of information concerning my personal employee benefits at the Augusta University (AU) to: _____.
Person or Entity

I understand that my institution or facility, the University System of Georgia, or the Board of Regents of the University System of Georgia assumes no responsibility for the use or misuse by others of my employee benefits information disclosed under this authorization. I release the Board of Regents of the University System of Georgia and its agents and employees from all legal liability that may arise from this authorization.

Employee Name (Please Print)

Date

Employee Signature

Employee ID

This authorization is good for one year from the date listed above. The employee may revoke this authorization at any time by notifying the AU Benefits and Data Management office in writing.