

Release of Employment Information

I, the undersigned hereby authorize CBI Greystoke Home Health personnel to release information regarding my employment and income, including dates of employment, salary history, and employment history to the following persons or agencies:

I hereby release officers, directors and affiliates of CBI Greystoke home Health from any and all liability in accordance with this authorization and request to release information.

Effective from _____ to _____

Name: _____

Signature: _____

Date (mm/dd/yy): _____