



Department of Human Resources Management

**AUTHORIZATION FOR RELEASE OF EMPLOYEE BENEFITS INFORMATION**

I authorize the release of information concerning my employee benefits at Mississippi State University to \_\_\_\_\_.

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

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Personally appeared before me, the undersigned authority in and for the said county and state, on this \_\_\_\_\_ date of \_\_\_\_\_, \_\_\_\_\_, within my jurisdiction, the within named \_\_\_\_\_ who acknowledged that he/she executed the above and foregoing instrument as his/her own voluntary act.

Witness my signature this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_

**Please return to:**  
Human Resources Management  
Box 9603  
Mississippi State, MS 39762