

**MISSISSIPPI STATE UNIVERSITY**  
Department of Human Resources Management  
662-325-3713

**AUTHORIZATION FOR RELEASE OF EMPLOYEE BENEFITS INFORMATION**

I authorize the release of information concerning my employee benefits at Mississippi State University to the following individual(s). Please print name(s).


Employee Signature	Employee Printed Name	Date
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MSU Employee ID Number \_\_\_\_\_

**WITNESS SIGNATURE IS REQUIRED IF SIGNED WITHIN HUMAN RESOURCES MANAGEMENT.**

Witness Signature	Date
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**NOTARY IS REQUIRED IF SIGNED OUTSIDE OF THE DEPARTMENT OF HUMAN RESOURCES MANAGEMENT.**

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

Personally appeared before me, the undersigned authority in and for the said county and state, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, 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 on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

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

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