



Montgomery County
Public Schools

**AUTHORIZATION FOR RELEASE OF INFORMATION
WHILE ON APPROVED LEAVE**

Employee Name (please print):	Date:
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In accordance with federal and state privacy laws, I understand that the disclosure of information related to my approved leave, benefits, or payroll information may only be released to my family member(s) listed below with my signed authorization. I have the right to specify the type of information that may be released to these individuals and I understand that medical information relating to my diagnosis will not be released unless I specify that such information may be released.

I understand that this authorization is in effect for one year from the date listed above unless I revoke this authorization in writing prior to that date.

I understand that I have a right to revoke this authorization at any time by written request to the MCPS Human Resources office. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

I understand that information disclosed under this authorization might be re-disclosed by the recipient and that Montgomery County Public Schools cannot be held liable for re-disclosure of the information by the recipient.

Name of Individual (please print):	Relationship to Employee:

Specific information to be released (please initial beside each item that you are authorizing MCPS to release to the individual(s) named above. If no items are initialed, MCPS will assume without liability that any of these types of information may be released except medical information relating to the employee’s diagnosis and/or return to work restrictions.

Leave forms

Accrued leave
(including eligibility for Sick Leave Bank)

Benefits information

Medical information relating to my
diagnosis and/or return to work restrictions

Pay information

(other than the information described by Code of VA §2.2-3705.8 (A))

Additional information: _____

Signature of Employee