**Employee Name**

|  |  |
| --- | --- |
| First Name: |  |
| Middle Name: |  |
| Last Name: |  |
| Last four (4) of SSN: | XXX-XX- |
|  |  |
| **COMPANY** Requesting Info.: | (**COMPANY**) |
| **COMPANY** Agent: |  |
| **COMPANY** Phone: |  |
| Return fax/email: |  |
|  |  |
| **REASON**: | **(REASON)** |
| *(e.g., loan, refinance,* |  |
| *legal matter, etc.)* |  |

I hereby authorize Trinity Fellowship to provide any and all information to the **COMPANY** regarding my current and/or past employment with Trinity Fellowship, including information related to dates of employment, my position(s), my salary and any other information requested as it pertains to the **REASON** so noted above. I understand that the information released by Trinity Fellowship is done so with no predisposition and may be perceived as positive or negative. I further agree to release and discharge Trinity Fellowship and its affiliates, agents, and employees from any and all liability or claims arising out of the disclosure of information associated with this request.

|  |  |  |  |
| --- | --- | --- | --- |
|  Employee Signature: |  | Date: |  |

***Business Office Use Only***

|  |  |  |  |
| --- | --- | --- | --- |
|  Completed By: |  | Date: |  |
| Returned via: |  | Date: |  |
|  | *(fax, email, mail, etc.)* |  |  |