

# NAVAJO HEAD START

## HUMAN RESOURCES SECTION

P.O. Box 3479 / 1 Morgan Blvd.  
Window Rock, AZ. 86515  
PH: (928)871-6907  
FX: (928)871-7866



### RELEASE OF INFORMATION

\_\_\_\_\_  
NAME OF EMPLOYEE

\_\_\_\_\_  
WORKSITE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

EMPLOYMENT STATUS:

ACTIVE

INACTIVE

### CONSENT TO RELEASE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### REQUESTED PERSONNEL DOCUMENTS / INFORMATION

RELEASE OF THE ENTIRE PERSONNEL RECORD REQUIRES AN OFFICIAL MEMORANDUM AND TEN (10) WORKING DAYS.

Provide specific or detailed information in regards to the information being requested.

SOCIAL SECURITY CARD

CERTIFICATE(S) \_\_\_\_\_

I.D. / DRIVER'S LICENSE

DEGREE(S) \_\_\_\_\_

RESUME

TRANSCRIPT(S) \_\_\_\_\_

DIPLOMA

MEMORANDUM(S) \_\_\_\_\_

NN APPLICATION(S)

PAF(S) \_\_\_\_\_

OTHER: \_\_\_\_\_

MAIL OR FAX TO: \_\_\_\_\_

### NHS - HR USE ONLY

\_\_\_\_\_  
TYPE OF DOCUMENT(S) RELEASED - DESCRIPTION OF DOCUMENT(S)

IN PERSON

INFORMATION RELEASED TO: \_\_\_\_\_

FAXED TO:

\_\_\_\_\_  
ORGANIZATION / DEPARTMENT

\_\_\_\_\_  
FAX NUMBER

MAILED TO:

\_\_\_\_\_  
ORGANIZATION / DEPARTMENT

VERIFIED AND RELEASED BY:

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE