



Authorization to Release Personal Information

Name	Employee ID Number	
Date of Hire	Date of Termination	
<p>The Louisiana Public Records Law allows employees, officials, and former employees and officials to elect whether to keep their personal information confidential. Unless you choose to keep it confidential, the following information <i>may</i> be subject to public release if requested under the law. Therefore, please indicate whether you wish to allow public release of the following information.</p> <p>This form should be completed and signed by the employee when employee begins employment, the public official is elected or appointed, or a former employee or official ends employment or service. An employee may submit a written request after these time periods, but the request will not apply to a records request made before the option was elected.</p>		
Allow Public Access		
All personal information listed below	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Date of Birth	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Home Address	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Personal E-mail Address	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Home Phone Number	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Personal Cell Phone Number	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Emergency Contact Information	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Information that reveals whether you have family members	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Employee Signature	Date	