

**STATE OF HAWAII
DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT
235 SOUTH BERETANIA STREET, 11th FLOOR
HONOLULU, HAWAII 96813-2437**

**AUTHORIZATION CERTIFICATE
FOR RELEASE OF EMPLOYMENT INFORMATION**

INSTRUCTIONS TO APPLICANT: Please provide all the information below and return the completed form to our office at the address above. Complete one form for each change in employer or position.

Name of Employer _____

Employer Address _____

City, State and Zip Code _____

Contact Person & Job Title _____

Contact Phone Number (include area code) _____

E-mail address _____

I hereby authorize the release of information concerning my employment to the State Department of Human Resources Development. I understand that the information will include but is not limited to: my period of employment, official job title, job duties and responsibilities, work habits and attitude, and reason for leaving.

Your
Signature _____

Print Name _____

Job Held/Dates With
Above Employer _____

Your Address _____

Your
City/State/Zip _____

Last 4 digits of your SSN: XXX-XX- _____

Date _____