



Talladega County Schools
#LeadingTheWay

**Employee Authorization Form
Personnel Records Release**

Date of Request: _____

Name: _____

Last 4 digits of Social Security Number: _____

Place a checkmark next to each requested item

- Experience Verification
- Sick Leave Transfer
- Lee vs. Macon Documentation
- Other: _____

Documents indicated above should be mailed to the following address:

Name of District: _____

Attention: _____

Address: _____

City, State, Zip: _____

Email: _____

Signature of Employee

TCBOE use only Authorization: _____ Date Mailed: _____
--