



# Department of Revenue Employee Authorization Form

**Authorization to Produce DOR Employee Records of:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Personnel ID#: \_\_\_\_\_

**Produce Records to:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**Authorization:**

I authorize DOR to produce or give access to confidential personnel and employment information about me as marked below:

- All confidential information held by DOR
- All confidential information except: (list)
- The following confidential information only: (list)
- If included within the above, I agree DOR may disclose medical and health care information in my personnel files
- Records for any date     Records between the following dates: \_\_\_\_\_ and \_\_\_\_\_  
date and year date and year

This authorization is valid for  90 days or  until \_\_\_\_\_  
Date or event

I understand the following:

- I may revoke or withdraw my permission in writing at any time sent to DOR Public Records. Revocation will not affect information already produced.
- A copy of this form is valid to give my permission to produce my records.
- DOR may charge to provide copies of these records

I declare, under penalty of perjury of the laws of the state of Washington, that I am authorized to sign this form. I am the employee named or I have attached documentation granting me authority to sign on behalf of the employee:

\_\_\_\_\_  
Signature Date Signed\_\_\_\_\_  
Print Name Telephone

I certify I know or have satisfactory evidence that the named person appeared before me and acknowledged signing this instrument as a free and voluntary act for the above purposes. Signature of employee must be verified by DOR employee or notary.

\_\_\_\_\_  
Witnessed by (DOR Employee)    or    \_\_\_\_\_  
Signature of Notary Title\_\_\_\_\_  
Date Signed Date Signed My Appointment ExpiresNotary Public in and for the State of Washington,  
County of \_\_\_\_\_

PLEASE NOTE: If the employee does not sign this form, available public records may still be produced. Confidential employee information includes Social Security or Washington Driver's License numbers, financial account numbers, medical information, Performance and Development Plans, and home, dependent and emergency contact information contained in personnel and employment records.

**For public records requests, return completed form to:**DOR Public Records, PO Box 47456, Olympia WA 98504-7456  
Email: [DORPublicRecords@dor.wa.gov](mailto:DORPublicRecords@dor.wa.gov) Fax: 360-534-1606