



## Authorization and Release

I hereby authorize Temple University's Office of Payroll Management to supply the information as listed below to

\_\_\_\_\_ .  
I make this authorization with the full knowledge and understanding of my legal rights of privacy and confidentiality, and release Temple University and its agents and employees from any and all liability connected with the disclosure of the information described below.

Information to be released to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Signature: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date: \_\_\_\_\_