

Worthington's People Center Release of Information

Employee Name: _____ **Date:** _____

Authorized Contact Name: _____ **Phone Number:** _____

Select the Relationship of Your Authorized Contact

Spouse Child Parent Other: _____

Check all that apply

_____ I **GIVE** permission to release/discuss my Benefits or general HR related information to the above named individual.

_____ I **GIVE** permission to the above named individual to take action on any items discussed with Worthington's People Center.

_____ I **DO NOT** give my permission to release/discuss my Benefits or general HR related information to the above named individual.

_____ I **DO NOT** give permission to the above named individual to take action on any items discussed with Worthington's People Center.

An Authorized Contact must provide the last four digits of the employee's Social Security Number and Employee ID number when calling Worthington's People Center.

I understand that I have the right to revoke this authorization at any time and revocations must be in writing to Worthington's People Center. I understand the revocation will not apply to information that has already been released in response to this authorization.

Employee Signature: _____ **Date:** _____

Last four digits of SSN: _____ **Employee ID#:** _____

Return this form to Worthington's People Center

Email: wpc@wthg.com

Fax: 614.212.4505