



Guam Board of Social Work
Health Professional Licensing Office
194 Hernan Cortez Avenue, Terlaje Professional Bldg, Suite 213
Hagåtña, Guam

AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

TO: _____ *(Leave blank for completion by GBSW)*

The employee identified below has identified your organization as a present or former employer. Please provide all records regarding this individual’s employment with your organization to the Health Professional Licensing Office (HPLO) as soon as possible.

This Authorization for Release of Employment Records authorizes you to disclose, make available upon request, and furnish to the Guam Board of Social Work as well as its agents, representatives, and attorneys, all records, including confidential personnel files, regarding this individual’s employment with your organization. A facsimile, photocopy, or scanned image of this authorization shall also authorize you to release the employment records.

Should you have any questions, you may contact HPLO at (671) 735-7404-12.

******* TO BE COMPLETED BY APPLICANT *******

I declare under penalty of perjury that the foregoing is true and correct. I release the specified organization and its staff from any legal liability for disclosing the information which I have authorized by signing this form. **This authorization shall remain in effect for two years after the effective date of my license.**

PRINT or TYPE Name of Employee: _____

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Signature: _____ **Date:** _____