

## Consent for Prospective Supervisor to Review Personnel File

I hereby give my permission for my Virginia Polytechnic and State University Personnel File to be reviewed as indicated below. I understand that personnel files may contain previous applications, hire date, termination information (including separation notices), salary information, leave balances, performance evaluations and information about disciplinary actions taken during the time of employment.

### Employee Authorizing Review

Name: \_\_\_\_\_  
Employee VT ID No. \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

### Person or Agency Authorized to Review File

Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

I do hereby agree to forever release and discharge Virginia Polytechnic Institute and State University and its respective agents and employees to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the review of my personnel file as permitted by this release.

\_\_\_\_\_  
Signature of Person Authorizing Release

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

NOTE: Witness may not be the person or agency representative authorized to review personnel file