

**DISTRICT SCHOOL BOARD OF PASCO COUNTY
REQUEST FOR RELEASE OF CONFIDENTIAL INFORMATION**

MAIL TO: DISTRICT SCHOOL BOARD OF PASCO COUNTY
7227 Land O' Lakes Blvd.
Land O' Lakes, FL 34638

ATTN: PAYROLL DEPARTMENT - Fax (727) 774-2571

PLEASE PRINT

DATE OF REQUEST: _____ WORK LOCATION: _____

EMPLOYEE NAME: _____

EMPLOYEE ID OR SOCIAL SECURITY NO: _____

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address _____

City _____ State _____ Zip _____

_____ **Earnings Record For:** _____
(Specify Date Range)

_____ **Deduction Information For** _____
(Specify Date Range)

_____ **Reissued W-2 for** _____
(Specify Year or Years)

Reason: _____ Never Received
_____ Misplaced
_____ Destroyed

I understand this is a one-time only authorization and is not valid without my original signature. Please allow at least 48 hours for processing.

Signature of Employee

.....
FOR DEPARTMENT USE ONLY:

Date received: _____ Date Processed: _____

Mailed to: _____ Processed by: _____