



# McGill

## Authorization to Release Confidential Information

(Casual employees must contact their department)

Date:

From: Human Resources – Shared Services

To:

McGill ID Number:

McGill University has received a request to provide the following information:

- ☐ Confirmation of Employment
- ☐ Confirmation of Earnings
- ☐ Other (specify)

To release this information, we require your written authorization. Please indicate your preference by completing the appropriate section below.

***Note: It will take a minimum of 5 working days to process your request***

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“I authorize McGill University to release the above mentioned.”

Signature

Phone Number

Date:

“I do not authorize McGill University to release the above mentioned.”

Signature

Phone Number

Date:

Please return this form duly signed to:

Human Resources – Shared Services  
680 Sherbrooke Street West, suite  
1520 Montreal (Quebec) H3A 2M7  
hr.hr@mcgill.ca or Fax: 398-1032