



## Release of Information Form

I, \_\_\_\_\_, hereby authorize any client company to whom I am assigned while employed by Shannon Staffing Inc. to release and provide the results of any employment-related documents including pre-employment drug screen and/or physicals that the client company has conducted or provided for any reason while still an employee of Shannon Staffing Inc. I acknowledge that I understand the purpose of the request and that authorization is hereby granted voluntarily.

---

**SIGNATURE**

**DATE**