



Release of Information to Shannon Staffing Inc.

I, *(print name clearly)* _____, 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 but not limited to pre-employment and employment drug screens 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