

OCEAN SPRINGS SCHOOL DISTRICT
PERMISSION FOR THE TRANSFER AND/OR RELEASE OF
CONFIDENTIAL EMPLOYEE INFORMATION

I, _____,

employee of the Ocean Springs School District, request that the following part of my personnel record:

be made available to _____ for the purpose of

Signature: _____

Date: _____

Please send me at the address below, a copy of the records released.

Name: _____

Address: _____

City, State, Zip _____

FOR OFFICE USE ONLY:

Cost of reproduction and mailing: \$ _____

Amount Paid: \$ _____

Date Paid: _____

Received By: _____