



Insurance Services
 7387 W. Campus View Dr.
 West Jordan, UT 84084
 Phone: 801-567-8146
 Fax: 801-567-8070
 www.jordandistrict.org/departments/insurance

Authorization for Release of Information

Please Print:

Employee Name: _____ Social Security No: _____
 Work Location: _____ Job Title: _____
 Home Phone: _____ Work Phone: _____

I voluntarily authorized the Jordan School District Insurance Department to release information related to the items check below to the following individual(s):

Name: _____
 Relationship to Employee: _____
 Phone Number: _____

Name: _____
 Relationship to Employee: _____
 Phone Number: _____

SPECIFIC INFORMATION (select one or more as appropriate)

All Benefit Related Information

Only the Items Checked below:

- | | |
|-------------------------------|----------------------|
| Health Insurance | Life Insurance |
| Dental Insurance | Flexible Spending |
| Vision Insurance | Long Term Disability |
| Other: (please explain) _____ | |

Expiration Date of Disclosure Authorization: When do you want this authorization to expire?

No Expiration Date Specify Date or Expiration: _____

You may change or revoke authorization at any time by completing a new Authorization for Release form.

Check here to REVOKE any and all prior authorizations on file.

 Employee Signature (No electronic signatures) Date