

**MIAMI COUNTY
PERSONNEL POLICY MANUAL**

PERSONNEL FILE RELEASE	FORM 20 PAGE 1 OF 1
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Employee Name: _____

I hereby authorize _____ to inspect and/or obtain copies of the following confidential information in my personnel file:

In exchange for the inspection and/or release of such confidential information, the undersigned individual/organization agrees to indemnify and hold harmless Miami County and its officials of any and all liability directly or indirectly arising from the inspection and/or release of said information.

Employee Signature

Date

Representative Signature

Date

OFFICE USE ONLY

Number of copies _____ @ \$ _____ per photocopy = \$ _____.

Payment received by _____ Date _____