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INFORMATION AND DOCUMENTS**

I, (please print name), authorize [Fred Hutchinson Cancer Research Center or the University of Washington] to provide any information or documents related to my employment with [Fred Hutchinson Cancer Research Center or the University of Washington], including but not limited to any documents contained in my personnel file, to the Seattle Cancer Care Alliance. I also release [Fred Hutchinson Cancer Research Center or the University of Washington] from any and all claims and liabilities that may arise as a result of providing the above information or documents.

Date

Signature