

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

**AUTHORIZATION FOR RELEASE**  
**OF CONFIDENTIAL PERSONNEL FILE INFORMATION**  
FOR COMPLIANCE WITH U.S. DEPARTMENT OF HOMELAND SECURITY  
OPTIONAL PRACTICAL TRAINING PROGRAM (OPT) FOR CERTAIN  
STUDENTS WITH DEGREES IN SCIENCE, TECHNOLOGY, ENGINEERING,  
OR MATHEMATICS (STEM)

I am at least eighteen (18) years of age and am otherwise competent to understand and agree to the following and to provide my consent as follows:

1. I am a current or former employee of The University of North Carolina at Chapel Hill (the "University"). My name and information regarding my employment are as follows:

*Full Name:* \_\_\_\_\_

*Department(s):* \_\_\_\_\_

*Job Title(s):* \_\_\_\_\_

*PID:* \_\_\_\_\_

*Date of Hire:* \_\_\_\_\_

2. I understand that information contained in my personnel file with the University may be confidential under state law. By signing this authorization form, I give my consent and authorize the University, and any of its agents, employees or representatives, to release any and all confidential personnel file information necessary for compliance with rules and regulations related to the STEM OPT program, including but not limited to, notifying the Designated School Official at the school that issued Form I-20 if I have not reported to my practical training (i.e., work) for a period of five consecutive business days without the authorization of my supervisor or if I am dismissed, resign, or am otherwise separated from the University for any reason.
3. I understand that once confidential records and information are released, they may no longer be confidential and may be subject to re-disclosure by a recipient of such records and information. The University, its agents,

employees and representatives are released and discharged of any liability arising from further disclosure of these documents, and I will hold the same harmless for releasing such records and information.

4. I understand that this consent shall remain in effect for the duration of the University's obligations associated with my STEM OPT.
5. I have read and understand the information in this form, the acknowledgements that I am making and the effect of this consent.

This \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

Signature: \_\_\_\_\_