

**SANTA MONICA COLLEGE  
OFFICE OF HUMAN RESOURCES**

**EMPLOYEE PERSONAL INFORMATION OPTION FORM**

**NAME:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

The District recognizes the importance of safeguarding the confidentiality and privacy of its employees' personal information. Access of this information is restricted to employees who need it to perform their jobs. The District limits sharing an employee's information with others in writing or electronically based upon: (1) the employee's specific request; (2) processing a transaction that has been authorized by the employee; or, (3) compliance with prevailing laws.

**OPT-OUT: INFORMATION REQUESTS**

There may be occasions when individuals, campus groups, or external organizations request information about district employees for research purposes. Unless the disclosure is required by law, no requested information will be provided unless the employee has consented for the personal information to be released. *By selecting from the list below, I authorize the District to release the following information about me when requested:*

- \_\_\_ Name
- \_\_\_ Home Contact Information including Phone Number and Address
- \_\_\_ Birth Date
- \_\_\_ Gender
- \_\_\_ Educational Level Attained
- \_\_\_ Specify Other: \_\_\_\_\_
- \_\_\_ NO RELEASE

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*Please return this form to the Office of Human Resources for processing and retention in your personnel file.*

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**OPT IN: INFORMATION REQUESTS**

*A request was received for employee information. The District seeks your consent with respect to the request listed below. Please return this form to the Office of Human Resources for processing and retention in personnel file.*

Requestor: \_\_\_\_\_

Organization: \_\_\_\_\_

Information Sought: \_\_\_\_\_

Planned Usage of the Information:  
\_\_\_\_\_  
\_\_\_\_\_

*I authorize the District to release information about me for the purpose described above.*

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_