SECTION VI□ow Long This Permission Lasts

This permission to share my information is valid for one year from the date of your application.

I understand that I can change my mind and cancel this permission at any time. To do this, I need submit, in writing, to Cumberland County Schools' Office of Human Resources. If the information has already been given out, I understand that it is too late for me to change my mind and cancel the permission.

I understand that I do not have to give permission to share my information with the person(s) or organization listed above.

I understand that if I choose not to give this permission, the Cumberland County Sick Bank Trustees will decline my application for sick bank leave, as this information is needed to determine if I am eligible for additional benefits.

SECTION V□ Signature: Please sign and date this form, and print your name.

Your Signature	Date	Print Your Name

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HR Representative DH Print Your Name