



☐ I am a current SAGE employee

☐ I am a former SAGE employee

Waiver to Release Personal Employment Information

I hereby authorize SAGE Dining Services, Inc. to release the following information about my work history to the organization(s) listed below:

Data I Wish To Release:

(Check all that apply)

- ☐ Dates of hire and termination
- ☐ Job title and/or job duties
- ☐ Work site
- ☐ Pay rates

**Specific Persons or Organizations I Authorize
to Receive This Information:**

I understand that SAGE is disclosing my personal information at my request and direction. I hereby release SAGE Dining Services, Inc., its officers, directors, shareholders, managers and employees from any and all claims, demands or liability arising out of or in any way related to such disclosures.

Signed

Printed Name

Location Employed

Location Manager (while employed)

**FAX This Completed Form to 410- 339- 3975 or
EMAIL to HR@sagedining.com**

