

# NESDHS Program

## Information Release Form

This form should be sent to NESDHS office at:

NESDHS Program Inc.  
202 S Main St  
Aberdeen, SD 57401

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please release the following information (be specific—e.g., gross wages for July 2010):

\_\_\_\_\_

Company/Organization: \_\_\_\_\_

Attention to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Fax number: \_\_\_\_\_

\_\_\_\_\_

Employee Signature: