OREGON BUREAU OF LABOR AND INDUSTRIES
CIVIL RIGHTS DIVISION

COMPLAINANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____

I, _____, give my permission for you to release to an authorized representative of the Bureau of Labor and Industries, Civil Rights Division, any information which is deemed relevant to the complaint against _____ which I have filed with the Civil Rights Division.

_____ _____
Complainant Signature Date

COMPLAINANT'S ADDRESS AGREEMENT

I agree to keep the Oregon bureau of Labor and Industries, Civil Rights Division, advised of my current address and telephone number. I understand that failure to do so may result in the closure of my complaint.

_____ _____
Complainant Signature Date