

**Southern District of Ohio**  
**Public Disclosure of Human Resources Information Policy**  
**Acknowledgement of Receipt and Agreement**

I acknowledge receipt of the Public Disclosure of Human Resources Information Policy of the Southern District of Ohio and agree to abide by the requirements contained therein.

**You may elect your preferences at this time:**

- ☐ I authorize release of my information to the media:
- ☐ I do not authorize release of my information to the media:
  - Name
  - Position title
  - Duty station (City/State only)
  - Date of hire
  - Date of separation
  - Employment status (full time/part time – paid/unpaid)
- ☐ I authorize to release to financial entities and perspective employers:
- ☐ I do not authorize release of my information to financial entities and perspective employers:
  - Name
  - Position title
  - Duty station (City/State only)
  - Date of hire
  - Date of separation
  - Employment status (full time/part time – paid/unpaid)

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(Printed Name)

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(Signature)

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(Date)

Email this completed form to [OHSDmI\\_HR@ohsd.uscourts.gov](mailto:OHSDmI_HR@ohsd.uscourts.gov)