



## Authorization and Request of Previous Employer Training Records/Certificates

I, (Print Name) \_\_\_\_\_  
(First, MI, Last) \_\_\_\_\_ Last four of SSN \_\_\_\_\_

do hereby authorize my previous employer to release any and all information relating to my employment training records and certificates produced while employed to Perform Air International, Inc. I understand this information will be held in strictest confidence and will be viewed only for the purposes of which it is intended, and no other party not so involved will have the right to see the information provided. I further release and hold harmless both the company receiving the information and the company providing the information from any and all liability that may result from the disclosure of this information and/or the use of such information.

Previous Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Please release and forward any records and/or information concerning my training during my employment with your company via any of the methods below.

Please Send To:  
Perform Air International, Inc.  
Attn: Human Resources  
Email: [HR@performair.com](mailto:HR@performair.com)  
Mail: 463 S. Hamilton Ct  
Gilbert, AZ 85233  
Phone: (480) 610-3500

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

This form was (circle one) Mailed / Emailed to previous employer on: Initial Date \_\_\_\_\_

By: \_\_\_\_\_  
HR or Designee Signature