

# SMS Authorization Form

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

Department/Shift: \_\_\_\_\_

CELL PHONE NUMBER

*I authorize **Med Staffing, Inc** to contact me via text message to the cell phone number listed above with alerts and notifications that directly pertain to my job. I understand that it is my responsibility to keep this information up to date with the HR department.*

Employee Signature: \_\_\_\_\_

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