

AUTHORIZATION TO RELEASE INFORMATION

From: _____

To: _____

I have applied for a position with _____

I have been requested to provide information for their use in reviewing my background and qualifications. Therefore, I authorize the investigation of my past and present works, character, education, military and employment qualifications.

The release in any manner of all information by you is authorized whether such information is of record or not, and I do hereby release all persons, agencies, firms, companies, etc., from any damages resulting from providing such information.

This authorization is valid for 90 days from the date of my signature below. Please keep this copy of my release request for your files. Thank you for your cooperation.

Signature: _____

Date: _____

Witness _____

Date: _____

Medical information is often protected by state laws and civil codes. Consult your attorney if you wish to seek this information.