

INFORMATION RELEASE AUTHORIZATION

TO

I, _____, have applied for a position with _____.
I hereby authorize the release of any and all information relating to my background and qualifications, including, health, military, education, character and previous employment.

I further release and hold harmless all persons or companies from any and all liability that may result from providing such information. I understand that any information released will be held in strict confidence.

This authorization is valid for 60 days from the date of my signature below. Please retain a copy of this request for your records.

SIGNATURE

DATE

WITNESS

DATE

* Note: Medical information is often protected by state laws. Please consult an attorney if you are unsure about your state's laws.