



AUTHORIZATION TO RELEASE INFORMATION

AS AN APPLICANT FOR A POSITION WITH _____, I HAVE
(PROSPECTIVE EMPLOYER)

BEEN REQUESTED TO FURNISH INFORMATION FOR USE IN DETERMINING MY QUALIFICATIONS. IN THIS

CONNECTION, I AUTHORIZE THE RELEASE AND FULL DISCLOSURE OF ANY INFORMATION THAT YOU HAVE

CONCERNING MY EMPLOYMENT WITH MESA PUBLIC SCHOOLS.

I AUTHORIZE YOU TO RELEASE THIS INFORMATION TO THOSE EMPLOYEES AND AGENTS OF

_____ WHO REQUIRE THE INFORMATION IN ORDER TO MAKE A
(PROSPECTIVE EMPLOYER)

DECISION PERTAINING TO MY STATUS AS AN EMPLOYEE.

I RELEASE MESA PUBLIC SCHOOLS, ITS EMPLOYEES, AGENTS AND ANYONE ELSE ACTING ON ITS

BEHALF FROM ANY AND ALL CLAIMS, LIABILITY AND/OR DAMAGES OF ANY NATURE THAT MAY RESULT

FROM FURNISHING THE INFORMATION REQUESTED.

A PHOTOCOPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL EVEN THOUGH THE PHOTOCOPY

DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE. THIS RELEASE WILL EXPIRE ONE YEAR

AFTER THE DATE SIGNED.

DATED: _____

(PRINTED NAME)

(SIGNATURE)