

# INFORMATION RELEASE AUTHORIZATION

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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.