



AUTHORIZATION TO RELEASE INFORMATION FOR EMPLOYMENT PURPOSES

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish _____ [organization name] or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this form be accepted with the same authority as the original.

I hereby release _____ [former employer] and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand that a copy of this authorization may be given at any time, provided I do so in writing.

Please Print Clearly

1. Name (Full) _____

2. Print All Former Names Used (A) _____,

(B) _____

3. Social Security Number _____ - _____ - _____

4. Telephone Number _____

5. Current Street Address _____

6. City _____, State _____ Zip _____

7. Name of person (s) to contact:

By signing below, you are certifying that the above information is true and correct.

Signature _____

Date _____

To request a free 30-minute consultation on how to safely get useful reference information for prospective new hires, [click here](#).
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