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Employee Authorization and Release Form for References

Name of Business:

Address of Business:

Contact Person:

Phone Number:

Fax Number:

Email Address:

Name of Job Applicant:

Date:

I, the undersigned, authorize my former schools, employers, and personal references to provide information from my records, including dates of attendance, degrees earned, dates of employment, salary earned, reasons for leaving employment, and all other information they may have concerning my performance to [INSERT NAME OF BUSINESS]. I also release all parties providing information from any liability or claims for damages, including libel, slander, and invasion of privacy, that may result from the disclosure and use of this information.

Signature of Job Applicant:

Date: