



Office of Human Resources
UNIVERSITY OF WISCONSIN-MADISON

Authorization to Release Information

As an applicant for an academic appointment conferring tenure at the University of Wisconsin-Madison ("University"), I am required to furnish information for use in determining my qualifications. For this purpose, I authorize the University to contact my current or most recent employer to inquire about my qualifications, including any allegations and/or findings of misconduct. This includes, but is not limited to, any information on whether I left employment during an active investigation into allegations that I engaged in misconduct.

For the purposes of this authorization, "misconduct" means:

Any violation of employer policy addressing misconduct. Such policies may address, but are not limited to, discrimination, harassment, assault, bullying, inappropriate relationships with subordinates or students, violation of ethical duties, theft, financial mismanagement, research misconduct, insubordination, or absenteeism not protected by laws relating to medical leave or disability accommodations.

I authorize my current or most recent employer to respond to the University's inquiry and to release information relating to allegations and/or findings of misconduct. This authorization overrides any privacy rights I may have with my current and/or former employer(s) whether they arise by law, employer policy, confidentiality agreement, or other contract. Should an employer provide information on allegations and/or findings of misconduct, I will be informed and allowed to provide information in response.

I extend absolute immunity to, and release from any and all liability, the University, its agents and representatives, and any person or entity furnishing information to the University, for any actions, recommendations, reports, statements, communications, or disclosures involving me, which are made, taken, or received in good faith and without malice for the purpose of this application process.

I understand the University will not request information authorized by this release unless I am a finalist for an academic appointment conferring tenure.

I understand that the Wisconsin Fair Employment Act prohibits discrimination against job applicants on the basis of arrest and conviction record under certain circumstances. Wis. Stat. 111.31, *et seq.* I acknowledge that I may be subject to a criminal background check separately and in accordance with applicable law.

This authorization is valid for 365 days from the date of signature or until the position is filled. A photocopy of this release is to be considered as valid as an original.

Please complete the fields below to indicate your agreement to the terms of this authorization. The completion of these fields constitutes a digital signature.

Full Name _____

Initials _____

Today's Date _____