

# Consent to Release Employment Information

I, \_\_\_\_\_, of \_\_\_\_\_,  
do consent and authorize \_\_\_\_\_, of \_\_\_\_\_  
\_\_\_\_\_ to release any and all employment records  
of mine that they might have in their possession to \_\_\_\_\_,  
of \_\_\_\_\_.

I release the above party from any liability for the release of any information or records based on this  
consent and authorization.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant