



## AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

I, \_\_\_\_\_, am an applicant for a position with East Metro Integration District.

I hereby grant my informed consent to, and authorize, the release of any and all information, written or oral, related to my current or past employment, to the requesting background investigator of this organization. I release you and the company from liability for disclosing such information. This information is needed for the purpose of determining my suitability for employment with East Metro Integration District.

I consent to your release and photocopying of any and all employment information that you may have concerning me, my work record, my background and reputation, my military service records, education and training records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances, filed by or against me, the records of recollections of attorneys at law, or other counsel, whether representing me or another person in my case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed regardless of any agreement I may have made with you previously or to the contrary.

The original or copy of this authorization reflecting my signature is valid for a period of one year from the date below. I reserve the right to cancel this authorization prior to expiration by providing written notice to you.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name