

AUTHORIZATION TO RELEASE INFORMATION

Please read the information on this form carefully and completely.

I have applied for employment with the University of Wisconsin-_____ (“University of Wisconsin”) and have provided information about my previous employment. I authorize the University of Wisconsin to conduct a reference check with my present and/or previous employer(s).

I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor, investigations, disciplinary history, rehire potential, dates of employment, and employment history.

My signature below authorizes my former or current employers and references to release information regarding my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to the University of Wisconsin, whether the information is positive or negative.

I knowingly and voluntarily release all former and current employers, references, and the University of Wisconsin from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the University of Wisconsin.

A signed copy of this form may be photocopied, scanned or reproduced as a facsimile or PDF, and these copies will be as effective as a release or consent as the original which I sign.

Name: (please print) _____

Signature: _____

Date: _____

Phone: _____

Email Address: _____