



AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION

Please read the information on this form carefully and completely.

I have applied for employment with the University of Wisconsin and have provided information about my previous employment. I authorize University of Wisconsin System Administration (UWSA) to conduct a reference check with _____, my previous employer. 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 _____ to release information regarding my employment record and to provide any additional information that may be necessary for my application for employment with UWSA. I knowingly and voluntarily release _____ 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 UWSA.

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 of Candidate]

Signature: _____

Date: _____

Email Address: _____