**Release of Information Authorization**

I request and authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ herein referred to as said Company, to provide (upon the request of any prospective employer that may be considering me for employment) any information concerning my employment with said company, and any comment, evaluation, or assessment of my performance or behavior as an employee of said company, which in the company’s judgment and discretion, it determines is appropriate in the areas I have initialed below:

\_\_\_\_\_\_\_\_\_\_ Dates of Employment \_\_\_\_\_\_\_\_\_\_ Quality of Work

\_\_\_\_\_\_\_\_\_\_ Honesty \_\_\_\_\_\_\_\_\_\_ Relationship w/ Co-Workers

\_\_\_\_\_\_\_\_\_\_ Compensation \_\_\_\_\_\_\_\_\_\_ Job Knowledge

\_\_\_\_\_\_\_\_\_\_ Eligibility to Rehire \_\_\_\_\_\_\_\_\_\_ Cooperativeness

\_\_\_\_\_\_\_\_\_\_ Productivity \_\_\_\_\_\_\_\_\_\_ Initiative

\_\_\_\_\_\_\_\_\_\_ Dependability \_\_\_\_\_\_\_\_\_\_ Courtesy Toward Customers

\_\_\_\_\_\_\_\_\_\_ Attendance & Punctuality \_\_\_\_\_\_\_\_\_\_ Overall Performance

In exchange for making such employment reference available, I hereby agree to release said Company and its officers, directors, supervisors, agents and employees from any and all cause of action, known or unknown, arising out of, or in any way connected to, the issuance of an employment reference or release of information or disclosure to prospective employers concerning my employment; including, but not limited to, claims of defamation, libel, slander, negligence, infliction of emotional distress, interference with contract of profession, and any federal, state, or local ordinance.

I understand the Company is not requiring or suggesting that I sign this request. This release is a voluntary choice by me made without coercion or duress by any person. I understand that I have the right to consult with an attorney or any individual I choose before signing this document and I acknowledge by signing this release for employment reference information that I have had full and adequate opportunity to obtain such advice or assistance as I desire.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name Date**

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**Signature Social Security Number**

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**Witness Date**