

AUTHORIZATION FOR RELEASE OF REFERENCE INFORMATION

I have made application for a position with Providence Classical School. I authorize Providence to inquire about my work and personal history and to verify all data given in my application for employment, related papers, and my oral interviews.

I authorize the release and giving of any information requested by Providence Classical School such as employment records, performance reviews, personal references, or criminal background checks whether such information is favorable or unfavorable to me.

I release any person, organization, or company from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I further waive the right to ever personally view any references given to Providence Classical School.

I further certify that I have carefully read and do understand the above statements.

I authorize that the information requested below be provided to *Providence Classical School*:

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
DRIVER'S LICENSE # \_\_\_\_\_  
DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please Print Full Name*  
*Signature Authorization of Applicant Position of Interest*  
*(REVISED 9/10)*