



CENTRAL WASHINGTON UNIVERSITY

Authorization to Release Information

To whom it may concern:

I, _____, have applied for a position at Central Washington University.

Having filed an application with Central Washington University, I authorize Central Washington University to solicit information and any documents or records regarding my employment history. I further authorize Central Washington University to contact any references I provide, and anyone else who might be familiar with my past job performance. Requests for information may include information of a confidential or privileged nature.

I hereby release and hold harmless all parties and persons connected with any such request for information, including Central Washington University and any of its agents, employees or representatives, from all claims, liabilities, and damages for any reason arising out of the furnishing of such information and any documents or records. I also hereby release Central Washington University and any of its agents, employees or representatives from any or all claims, liabilities, and/or damages for relying on information, documents, or records provided to it as a result of its inquiries.

This release supersedes and/or replaces any prior agreements(s) I may have made regarding release(s) of information for employment.

A copy of this signed authorization is as valid as the original and shall be provided to anyone from whom information is requested in determining my job qualifications.

Applicant Signature

Date

Original: Search File (non-selected applicants)
 Personnel file (selected applicant)