

AUTHORIZATION TO RELEASE INFORMATION

We appreciate your interest in employment opportunities with the Tecumseh District Library. As part of our normal procedure during the recruitment process, we may perform a routine inquiry into your background based on the information you have provided us. In order for such information to be released, we need your concurrence. Therefore, please read the following statement carefully and indicate your agreement by signing below.

To Whom It May Concern:

I hereby authorize the Tecumseh District Library (TDL) or other authorized representative of TDL, within one (1) year from the date hereof, to obtain any information in your files pertaining to my employment, military record, or educational records, including, but not limited to, academic achievement, attendance, criminal, personal history and disciplinary records. I hereby direct you to release such information upon request of TDL or its authorized representative. I hereby release TDL and any authorized representative, as the custodian of such records, and any school, college, university, or other educational institution, business establishment, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages whatsoever, which may at any time result to me, my heirs, family or associates because of TDL's request for and/or review of records described in this Authorization to Release Information. Should there be any questions as to the validity of this Release, you may contact me as indicated below.

DATED: _____

Full Name-Signature

Full Name- Print or Type

Current Address- Print or Type

Telephone Number

Have you been known by any other names? _____