

Department: _____

Position: _____

**AUTHORIZATION FOR RELEASE OF
LIABILITY FOR EMPLOYMENT REFERENCE**

As an applicant for a position with Wittenberg University, I have been requested to furnish information for use in determining my qualifications. To that end, I hereby authorize the release and full disclosure of any information that you may have concerning my employment with:

[print former employer's name].

I authorize you to release such employment information to those employees and agents of Wittenberg University who require such information in order to make a decision with respect to any matter pertaining to my status as an employee. This information may be provided either verbally or in writing.

In addition to authorizing the disclosure and release of any information regarding my employment, I hereby fully waive any actual or potential rights or claims I have or may have against:

[print former employer's name],

its agents, employees, and representatives for providing such information, and fully release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of any such employment information, whether such information is favorable or unfavorable to me.

I acknowledge that I have read this authorization and release, fully understand it, and voluntarily agree to its provisions. This release will expire one (1) year after the date signed below.

(Date)

(Applicant signature)

(Print Name)