



## **Reference Check Consent and Authorization Form**

I have applied for employment with Wittenberg University and have provided information about my current and/or previous employment and well as other professional references.

I authorize agents or employees of Wittenberg University to conduct a reference check with my current and/or previous employer(s), current and/or previous supervisors or subordinates and other professionals. I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor, rehire potential, dates of employment, salary and employment history.

My signature below authorizes my current and/or previous employers and professional references to release information regarding my employment and other professional characteristics and to provide any additional information that may be necessary related to consideration for employment with Wittenberg University, regardless of whether the information is positive or negative.

I knowingly and voluntarily release all current and/or previous employers, other professional references, and Wittenberg University from any and all liability arising from disclosure or receipt of information about my employment history, my academic credentials or qualifications, and my suitability for employment with Wittenberg University.

This form may be photocopied or reproduced as a scanned document or facsimile (FAX), and these copies will be as effective as a release or consent as the original which I sign.

By my signature below, I acknowledge understanding of the content.

Name (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_