

Community Clinic, Inc.
Authorization for Release of Information
For Employment Purposes

I _____, authorize Community Clinic to investigate present and former employers and educational institutions regarding my application for employment for the position of _____ . This information may include, but is not limited to: achievement, performance, attendance, personal history, and disciplinary information.

I further authorize Community Clinic to rely upon and use any information received from such contacts as may be necessary in arriving at an employment decision.

I hereby authorize and request any present or former employer or school, regardless of any agreement I may have made previously to the contrary, to furnish Community Clinic with any and all information about me. This consent shall be valid in original, fax or copy form.

Additionally, I release any present or former employer and any individual, including records custodians, from all liability for damages including denial or termination of employment with Community Clinic which may result from complying or attempting to comply with this authorization.

Print Name

Social Security Number

Signature

Date