

McCABE UNION ELEMENTARY SCHOOL DISTRICT

AUTHORIZATION TO RELEASE INFORMATION

It is the policy of the McCabe Union Elementary School District to conduct reference checks for candidates for employment.

Your signature below indicates your agreement and acknowledgement of the following:

1. As an applicant for an employment with the McCabe Union Elementary School District, I authorize my current and past employers and work associates, including, but not limited to, supervisors, colleagues, and subordinates, to release to the McCabe Union Elementary School District any reference information in my personnel record or file (e.g. applications for employment, time and sick leave records, vacation records, performance evaluations, etc.), academic records (e.g. transcripts, certificates, credentials, etc.), and information related to my work-related personal characteristics (e.g. my character, dependability, honesty, integrity, ability to work under pressure, interpersonal skills, general physical ability, and reputation among co-workers).
2. I expressly and without reservation waive my right to review the information collected in the reference checks.
3. The McCabe Union Elementary School District will maintain reference information in strictest confidence and solely for the purposes of the recruitment for which I have applied, and that information obtained during reference checks will not be provided to anyone outside the selection process.
4. A photocopy of this signed Authorization is to be considered valid as an original.
5. **In executing this authorization, I fully and completely release all present and past employers and their employees, the McCabe Union Elementary School District and its employees, and all other persons and entities from liability for any damage including, to the full extent allowed by law, liability under California Civil Code Sections 45 and 46 and California Labor Code Section 1054, or any similar laws of other states for political entities, which may result from furnishing information which I am permitting to be released by way of this authorization.**
6. **I have carefully read and understand all of the provisions of this authorization, and have voluntarily and without coercion or duress agreed to and signed this authorization.**

Candidate's Full Name (Print)

Other Last Names You Have Used (if any)

Candidate's Signature

Date