DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Authorization to Release Employment Information

Company to receive information: _____

Name of contact person: _____

Street address: _____

City, state & zip code: _____

Phone & fax: _____

You must sign this authorization before employment verification information may be disclosed to the company named above.

I authorize the District of Columbia Public Schools (DCPS), including any of its employees or subcontractors, and other District of Columbia agencies, including such agencies' employees or subcontractors, to disclose the following information regarding my employment at DCPS to the company named above: *salary, job title and dates of employment*. In addition, I authorize disclosure of the following information:

_____

_____

I release DCPS, the District of Columbia and all of their employees and subcontractors from all liability whatsoever resulting from such disclosures.

I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT.

_____

Last Name | First Name | Middle Name

_____

Street Address

_____

City | State | Zip Code

_____

Signature | Date | Social Security Number | Employee ID (if applicable)