



# County of Santa Cruz

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## **AUTHORIZATION FOR RELEASE OF INFORMATION AND WAIVER OF LIABILITY FOR EMPLOYMENT REFERENCES**

I hereby authorize any and all individuals who are familiar with my employment history and work performance to provide information to my prospective employer pertaining to my employment.

I hereby voluntarily waive any and all rights I may have to privacy and/or confidentiality pertaining to my employment history and work performance insofar as the information is released solely to employers who are evaluating my suitability for employment.

This authorization shall remain valid for 90 days from the date of signature.

I hereby release the County of Santa Cruz, and its officers and employees from any claims, damages or liabilities of any kind, that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me, arising from the employment reference as contemplated by this authorization.

I have read the above, understand its contents, and voluntarily agree to its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name