



To: Personnel Department

NAME OF DEPARTMENT / COMPANY

NAME OF CONTACT

ADDRESS

TELEPHONE NUMBER

I, _____, authorize the release of information to therepresentative of the Board of State and Community Corrections (BSCC) in connection with my application for employment.

I understand this authorization for release of information includes the review of my official personnel records (including leave accounting information) and input from current/former supervisors regarding my employment history, performance evaluations, and attendance.

This information is considered confidential and shall be treated accordingly by BSCC.

This authorization is valid for 60 calendar days from the date signed.

Applicant Signature

Date Signed