



## Authorization to Release Employment Information

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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)