Washington State University
**H**uman **R**esource **S**ervices

# AUTHORIZATION TO RELEASE INFORMATION
*For a candidate not applying through WSU Jobs (OPDRS)*

I,_____, authorize Washington State University to contact all of my former or present employers for the purposes of verification and reference. This may include information of a confidential or privileged nature, to include but is not limited to reviewing my personnel file, contacting any references, and/or contacting anyone else who might be familiar with my past job performance.

I knowingly and voluntarily release the state of Washington, Washington State University, its individual employees, and all my former or present employers, and their individual employees, from any and all known and unknown claims for damages or other relief arising out of WSU's request for and receipt of employment information, unless my current or former employer is prohibited by state or federal law from disclosing the information that WSU requests.

A photocopy of this signed Authorization is as valid as the original and shall be provided to anyone from whom information is requested in determining my job qualifications.

This release will expire at the end of the recruitment period.

_____

**First        Middle        Last Name  (please print)**

_____

**Other  Names  Used  (please print)                Position Applying To**

_____

**Signature                                        Date**