

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize \_\_\_\_\_ to release all information regarding employment and termination data, reasons for leaving, job performance ratings and any other pertinent information regarding my employment to the Mississippi Department of Education.

I understand that failure to authorize the release of the above information may exclude me from consideration for employment with the Mississippi Department of Education.

A photocopy of this authorization may serve as an original.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date