



APPLICANT-AUTHORIZATION TO RELEASE INFORMATION

I _____, authorize the State of Washington, Department of Corrections and their employment verification contractors, to contact all of my former or present employers for the purposes of verification and reference. Information may also be obtained related to education history, driving history, and professional licenses as required to determine my qualifications. This may include information of a confidential or privileged nature, to include but is not limited to contacting the Washington State Department of Licensing for my driving abstract, reviewing my personnel file, contacting any references, and/or contacting anyone else who might be familiar with my past performance. All information obtained will be used exclusively in evaluating me for employment with the State of Washington.

I knowingly and voluntarily release the State of Washington, the Department of Corrections, its individual employees, their employment verification contractors and all my former or present employers, and their individual employees, from any and all claims for damages or other relief arising out of the departments 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 the department requests.

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

This release will expire one (1) year after the date signed.

Print Name

Signature

Date

Note: By completing this form DOC 03-068 Applicant-Authorization To Release Information and returning it, you are giving your authorization to release information.