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Frostburg State University
Office of Human Resources
Frostburg, MD 21532
(301) 687-4105

AUTHORIZATION TO RELEASE INFORMATION

Authorization: 1600003031
ORI: MD004455Y

Employing Department: _____

Last Name First Name Middle Name

Current Address (Street Address,)

Current Address (City, State, Zip) Dates Lived Here

Addresses for the past five years: Dates Lived Here:

Date of Birth Other Names Used Years Used

Social Security # Driver's License # State

I authorize my current and/or former employer(s) and its employees and representatives and any and all references listed on my employment application and/or resume to provide any pertinent information they think appropriate, including any information about my employment, job performance, and related matters to any division, department head or designee of Frostburg State University (FSU). This information may be provided either verbally or in writing. I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization to be part of the written employment application. I release FSU and its agents, employees, and representatives from any and all liability, claims, and damages that may directly or indirectly result from the use, disclosure, or release of any information received by FSU from any third party pursuant to this authorization, whether such information is favorable or unfavorable to me.

Information appearing on this Authorization will be used for identification purposes only. The intention of this authorization is to provide information that will be considered in determining my suitability for employment. FSU complies with the Fair Credit Reporting Act (available from the Office of Human Resources), which provides consumers with rights regarding consumer reports and which places specific obligations on employers using credit reports.

I acknowledge that I have read this authorization and release, fully understand it, and fully and voluntarily agree to its provisions.

Applicant's Signature

Date