

Elizabeth City-Pasquotank Public School

AUTHORITY FOR RELEASE OF INFORMATION

The following signed statement is required in the application process. After reading the statement, please affix your signature and the date and return it with your application. Thank you.

The undersigned applicant/employee hereby states:

- 1) I expressly authorize the Elizabeth City-Pasquotank Board of Education, its agents and employees, to make any investigation of my personal or employment history, expressly including, but not limited to, federal and/or state criminal, law enforcement, or traffic records.
- 2) I further authorize any former employer, person, firm, corporation, credit agency, administrative body or governmental agency to give to the Board of Education, its agents or employees, any information they may have regarding me.
- 3) I also hereby authorize the release of any and all requested information pertinent to my academic and professional preparatory or previous employment. This information may include personal data, evaluative data of college and intern supervisors, recommendations from professors, supervisors or associates, National Teacher Examination scores or other teaching exam scores, and academic transcripts.

In consideration of the review of my employment application by the Elizabeth City-Pasquotank Board of Education, I hereby release the Elizabeth City-Pasquotank Board of Education and any and all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information.

Signature

Date