

AUTHORIZATION AND RELEASE FORM

I, \_\_\_\_\_ (name of applicant), the undersigned applicant for employment with the Wexford-Missaukee ISD authorize my current and former employer(s) to disclose to the Wexford-Missaukee ISD any unprofessional conduct by me and to make available to the Wexford-Missaukee ISD copies of all documents which relate to that unprofessional conduct in my personnel records maintained by my current or former employer(s)

I understand that this authorization and release applies to any act of "unprofessional conduct" as that term is defined in Section 1230b of the Revised School Code, meaning one or more acts of misconduct; one or more acts of immorality, moral turpitude, or inappropriate behavior involving a minor, or commission of a crime involving a minor.

In addition, I release my current and former employer(s) and their employees acting on their behalf from all liability for providing the information described in this authorization to the Wexford-Missaukee ISD.

I waive the right to receive written notice (specified by Section 6 of the Bullard-Plawecki Employee Right to Know Act) from my current and former employer(s) for the disclosure of the information described in this authorization to the Wexford-Missaukee ISD.

I understand that the District will not hire me if I refuse to sign this Authorization and Release. I further understand that the District may require me to provide additional information not described in this Authorization and Release.

The District will use any information it receives pursuant to this Authorization and Release only for the purpose of evaluating my qualification for employment in the position for which I have applied. This District will not disclose any information it receives to any person, other than me, who is not directly involved in the process of evaluating my qualification for employment.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_