



Employee Authorization for Release of Information to Prospective Employers

Authorization: Upon request from any employer to which I have applied for employment and/or the prospective employer's employees or agents, I hereby authorize Independent School District No. 272, Eden Prairie Schools, to provide a reference regarding my employment with Eden Prairie Schools, including any and all information, whether classified as public or private data under the Minnesota Government Data Practices Act, regarding my work history, conduct and performance while employed with Eden Prairie Schools.

Purpose/Release of Liability: I understand information released pursuant to this Authorization may be used by prospective employers in their hiring decisions, and I hereby release, indemnify and hold harmless Independent School District No. 272, its employees, agents, officers, representatives, and School Board members, both individually and collectively, from any and all causes of action, claims, and any and all liability whatsoever related to this Authorization and the release and/or use of the information released pursuant to this Authorization.

Voluntary Release: I understand that I am not legally required to authorize the release of my private personnel data, as classified under the Minnesota Government Data Practices Act. My consent authorizing the release of such information is completely voluntary and I understand that the only known consequence for not authorizing the release of such information is that the School District will not provide references or release any information regarding me that is classified as private personnel data. I understand that data classified as public data under the Minnesota Government Data Practices Act must be released and does not require my consent.

Expiration: My authorization, as it applies to the release of data classified as private under the Minnesota Government Data Practices Act, expires one year from the date of my signature.

Revocation: I understand that I may revoke this consent authorizing release of information, in writing, at any time, except to the extent that persons have already made disclosures in reliance upon my consent.

A photocopy or facsimile of this signed Authorization is as valid as an original.

Name of Employee/Former Employee: _____

Signature of Employee/Former Employee: _____

Date: _____