



WESTPORT COMMUNITY SCHOOLS

Office of Human Resources

AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION

(Please read the following statements, sign below and return to the Human Resources office.)

I, _____, hereby authorize Westport Community Schools, to release any and all information relating to my employment with them to _____. I further release and hold harmless Westport Community Schools from any and all liability that may potentially result from the release and/or use of such information.

Signature of Employee

Date

Employee's Name - Printed