

**AUTHORIZATION FOR RELEASE OF INFORMATION**

*Please print clearly all requested information.*

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position Applying For \_\_\_\_\_

Telephone Number \_\_\_\_\_

I hereby authorize your company, Albany State University, or any agent of said company, to contact any of my previous employers or to contact schools, companies, credit bureaus, corporations, law enforcement agencies, persons, and educational institutions to supply any information concerning my background.

I hereby also give my permission for the release of all appropriate background information permissible by governing laws to the following HR Management Representatives:

- Director of Human Resources: Devine Flora**
- Associate Director of Human Resources: Kimberly Carter**
- Assistant Director of Human Resources: Cassandra Alexander**

I fully understand the terms of this release and that the information I have provided is accurate, true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at  
*(Date) (Month) (Year)*

\_\_\_\_\_  
*(City) (State)*

By: \_\_\_\_\_  
*(Signature) Notary Public Signature Date*

**My Commission Expires:** \_\_\_\_\_