

KANSAS STATE DEPARTMENT OF EDUCATION

AUTHORIZATION TO OBTAIN INFORMATION

The Human Resources Office will have this form signed by the job applicant at the time of the interview.

TO WHOM IT MAY CONCERN:

I have applied for a position with the Kansas State Department of Education. As part of that application process, I have authorized the Kansas State Department of Education to contact any professional reference and current or former employer to obtain job-related information about me. Accordingly, I hereby consent to the release, by you, of any and all employment information you have regarding me.

A photocopy or fax of this authorization shall be as valid as the original. This authorization expires 60 days from the date of my signature.

Signature

Name (Please Print)

Date

Applicant or Employee ID Number