

# KANSAS STATE DEPARTMENT OF EDUCATION

## AUTHORIZATION TO RELEASE INFORMATION

*This form should be signed by a current or former employee when you are requested to provide a job reference to a prospective employer.*

I hereby authorize the Kansas State Department of Education and its representatives to release any and all information based upon written documentation (usually contained in my personnel file) or personal observations to:

\_\_\_\_\_  
(person or organization)

I release the Kansas State Department of Education and the individuals supplying such information from any and all liability or damages for providing the information requested.

This authorization expires 60 days from the date of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee ID Number