

## Employment Verification Disclosure Authorization and Release

I, \_\_\_\_\_, hereby authorize Santa Clara University (the “University”) and its employees and representatives to provide the following information to \_\_\_\_\_.

Information to be provided (please check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Name                     | <input type="checkbox"/> Position Title |
| <input type="checkbox"/> Employment Date(s)       | <input type="checkbox"/> Salary         |
| <input type="checkbox"/> Other (Please Specify*): |   |

\*If you have authorized the release of certain information through another institution’s form please reference that form and the name of the institution.

In addition to authorizing the disclosure and release of the above information regarding my employment, I hereby fully waive any rights or claims I have or may have against the University and any of its employees and representatives from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any of the above specified information, by any person or party, whether such information is favorable or unfavorable to me.

I acknowledge that I have read this Employment Verification Disclosure Authorization and Release, fully understand it, and voluntarily agree to its provisions.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (printed)