

# Health Education Council

## CONFIDENTIAL

### Authorization to Conduct Reference Checks For Employment Purposes Only

To Whom It May Concern

Date: \_\_\_\_\_, 200\_\_

I hereby authorize and request my present and all former employers, schools, colleges/ universities, police departments/ courts, financial/credit institutions or other persons or organizations having personal knowledge about me, to furnish the Health Education Council with any and all job related information (excluding confidential medical information) regarding me in connection with a pending application for employment before the Health Education Council. This consent extends to the right to inspect all written materials and any oral information in the possession of all parties covered by this consent. I hereby waive any and all rights to the fullest extent permitted by law of any claim or action against any party granting access to such materials or providing information covered under this consent. Further, I hereby release from all liability, damages, or legal claims every person seeking or providing information, whether oral or written. This waiver and release shall further extend to the Health Education Council.

I agree that a photocopy or facsimile of this authorization shall be as valid as the original, and may be relied upon by all persons providing information.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Birth (for identification only): \_\_\_\_\_

Social Security Number (for identification only): \_\_\_\_\_

If name change, print former name: \_\_\_\_\_

Degrees and dates received: \_\_\_\_\_

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Driver's License number and State: \_\_\_\_\_