



AUTHORIZATION TO RELEASE PERSONAL INFORMATION

To Whom It May Concern:

I have applied for a position with Fairfax County Public Schools. I hereby authorize the release of personal information to Fairfax County Public Schools for the purpose of an investigation of my background and qualifications for employment. Such information may include, but is not limited to, job performance, attendance, eligibility for re-employment with a former employer, reasons for termination of previous employment, criminal record, conduct and character.

I hereby waive my right to access to any such information and, without limitation, release Fairfax County Public Schools, and any source of such information from any liability in connection with its release or use.

Full Name (Print or Type) _____

Other Name(s) Used _____

Current Address _____

Street

City

State

Zip

Social Security Number (Optional) _____

Telephone Number _____

Signature _____ **Date** _____

PRIVACY PROTECTION ACT NOTICE

Information received will be used in the evaluation of your qualifications for employment with Fairfax County Public Schools. Granting authorization is voluntary, but failure to do so may result in insufficient information to properly evaluate your qualifications. Furnishing your social security number is optional, and failure to submit the number will not prevent the processing of your application.

DEPARTMENT OF HUMAN RESOURCES
8115 Gatehouse Road
Falls Church, Virginia 22042
An Equal Opportunity Employer