

Authorization to Disclose Employment History

I hereby authorize **(company/contact name)** to disclose any and all information regarding my employment history to **(recipient company/person)**.

Employee Name:

Employee ID (if applicable):

Previous Employer:

Dates Employed:

Recipient Name/Company:

I give my consent for the release of information regarding my job title, dates of employment, duties, performance, and reason for leaving.

Signature:

Date: