

Appendix A

Authorization to Release Information

I, (Please Print Clearly) _____, hereby authorize any person or entity, public or private, having any information concerning my background, including but not limited to, criminal law violations, education records, employment records, professional licenses and disciplinary matters to release such information to a state agency. This information is to be used for possible employment with the State of Indiana.

I further authorize, intend and understand that this release of information shall continue and remain in full force and effect at all times during my employment with the State and may be used at any time during my employment with the State.

Are you currently eligible to work in the United States? Yes/No
(Circle One)

Do you now or will you in the future require employer sponsorship for continued employment eligibility? Yes/No
(Circle One)

Signature

Date

Male/Female
(Circle One)

Street Address

Date of Birth

City, State, Zip Code

Telephone Number

Other Name(s) Used

Social Security Number

The State is requesting your SSN under authority IC 4-1-8 to accomplish statutory purposes. Disclosure is mandatory and this form will not be processed without it.