

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize _____ to release all information regarding employment and termination data, reasons for leaving, job performance ratings and any other pertinent information regarding my employment to the Mississippi Department of Education (MDE).

I understand that if I am currently under contract with a local school district in Mississippi, the MDE will contact the district to inquire whether I can be released from my current contract. I understand that this authorization/release of information is not intended to infer an offer of employment.

I also understand that failure to authorize the release of the above information may exclude me from consideration for employment with the Mississippi Department of Education.

A photocopy of this authorization may serve as an original.

_____	_____ (optional)
Applicant Name	Social Security Number
_____	_____
Applicant Signature	Date
_____	_____
Witness	Date