



**WAIVER AND AUTHORIZATION TO RELEASE
PERSONNEL INFORMATION**

TO WHOM IT MAY CONCERN:

I understand that Cabrillo Community College District ("District") will conduct a thorough and complete background investigation into my application for employment. I authorize all educational institutions that I attended and all of my previous employers, supervisors and personal references, and public or private agencies that have issued me either a professional or vocational license, to furnish to any authorized representative of the District my files and records, and to respond to verbal or written inquiries from any authorized representative of the District regarding my employment record, including, but not limited to, positions held, dates of employment, work performance, disciplinary records, reliability, and any incidents of dishonesty, insubordination, violence, sexual harassment, and/or any unsafe, harmful or threatening behavior, whatsoever. I also request and consent to the release and disclosure of educational records from any and all public or private educational institutions that I have attended to any authorized representative of the District, including all records of my academic performance, courses attended, grades, diplomas, degrees or other honors conferred. I also authorize disclosure of all statements made in my employment application.

This release is executed with full knowledge and understanding that the information is for the official use of the District. Consent is granted for the District to furnish the information described above to third parties in the course of fulfilling its official responsibilities.

I hereby release you, your organization, your past and present officers and employees, individually and collectively, from any and all liability or damage of what ever kind, which may result to me, my heirs, family or associates, because of compliance with this authorization to release information, or attempt to comply with it.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that I have the right to receive a copy of this authorization upon request. I further understand that I waive any right or opportunity to read or review any background investigation report prepared by the District.

Applicant Signature Date

Full Name (Please Print)

Current Address (Please Print)