

Department of Human Resources



AUTHORIZATION FOR RELEASE OF INFORMATION

For: ☐ Federal Criminal Background Check ☐ Verification of Experience

.....
Last Name

.....
First Name

.....
Middle Name

.....
Suffix

Enter all other names you have used in the past including but not limited to, maiden name, former married names, alternative spellings:

1.
2.
3.
4.
5.

As an applicant, I authorize release of any and all information that you have concerning my

.....

I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

Signature Date:

Phone Home Number

Work Phone Number

.....
Name of Organization/Agency/School District to send this request to

Send information via email to HR@RedClay.k12.de.us

**USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL
BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A
CRIMINAL VIOLATION.**