



STATE OF CONNECTICUT
DEPARTMENT OF CORRECTION
24 WOLCOTT HILL ROAD
WETHERSFIELD, CONNECTICUT 06109

**AUTHORIZATION FOR
RELEASE OF INFORMATION**

I understand that in connection with the applicant process, the Department of Correction (DOC) and its representatives may contact my current employer(s), former employer(s), and any other source(s) referred to in the employment application process. I also understand that DOC may provide such information to its affiliates and to other third parties.

I hereby request release and consent to the release and disclosure of such information. I further release and hold harmless DOC, the State of Connecticut, their officers, employees and agents, and any other parties inquiring about, investigating, furnishing communicating, reviewing, or evaluating such information from any and all potential claims, demands, damages, liabilities, and/or actions of any kind arising from such activities, whether known or unknown to me presently, that I may have, now or in the future.

I authorize my current employer(s), former employer(s), and any other source(s) to release information as requested by DOC for pre-employment evaluation purposes.

A photo/fax copy of this signed form is acceptable authorization.

Applicant's Name (please print): _____

Signature: _____ Date: _____

As of 10/2001