

Authorization for Release of Information

I understand that in connection with applicant process, the Department of Revenue Services 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 Department of Revenue Services 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 Department of Revenue Services, 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 Department of Revenue Services for pre- employment evaluation purposes.

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

Applicant's Name (please print): _____
First MI Last

Signature: _____ Date: _____