

REQUEST & AUTHORIZATION OF RELEASE OF INFORMATION

I, _____, hereby request and authorize the Clovis Municipal Schools to release any personnel and employment related information including but not limited to letters of reference regarding my job performance while employed at the Clovis Municipal Schools, service record, training documents, and employee evaluations.

I am also waiving any right of action, cause of action or other means of redress I may have against any person and/or employee of the Clovis Municipal School District or the Clovis Municipal School District itself.

Signature

Date

Printed Name

SSN

Address

City, State

Zip