

EMPLOYEE AUTHORIZATION TO RELEASE EMPLOYMENT REFERENCE INFORMATION

I, the undersigned, request and authorize the University of Oklahoma to release my employment record and history to my self-identified prospective employer or myself upon a request for employment reference or as requested and specified below:

Records to be released: Personnel/Employment file

As a result, I hereby release the University from any liability for any such release of information, whether such release of information occurs during or after my employment with the University.

This Authorization is effective for any such release of information made after the effective date set forth below and prior to my physical withdrawal of this Authorization from the University.

Effective thisday of,	
Name: Employee or Former Employee	Name: Witnessing Supervisor or Other University Employee
Signature: Employee or Former Employee	Signature: Witnessing Supervisor or Other University Employee
Date:	Date: