

**Authorization Of Release Of Employment Information
To The Adjutant General's Department**

I, _____ ,
(Print full name, including other names under which you have worked.)

authorize _____

to release to The Adjutant General's Department any information requested by them for the purpose of evaluating me for possible employment.

In doing so, I hereby release all individuals and organizations from any liability, who in good faith, provide information to The Adjutant General's Department concerning my occupational competence, character and other qualifications for employment purposes, and I hereby consent to the release of such information to the Adjutant General's Department.

Photocopies of this document will be as binding as the original.

Signature/Date

Social Security Number