



148 S. Marina St.
Prescott, AZ 86303
christianacademy@cap-prescott.com
Phone: (928) 445-2565 Fax: (928) 445-2563

AUTHORIZATION TO RELEASE REFERENCE INFORMATION

I have made application for a position as a _____ with Christian Academy of Prescott. I have authorized the school to thoroughly interview the primary references which I have listed, any secondary references mentioned through interviews with primary references, or other individuals that know me and have knowledge regarding my testimony and work record. I also authorize the school to thoroughly investigate my work records and evaluations, my educational preparation, and all other matters related to my suitability for employment.

I authorize references and my former employers to disclose to the school any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure.

In addition, I hereby release Christian Academy of Prescott, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I waive the right to ever personally view any references given to Christian Academy of Prescott.

I agree that a photocopy or facsimile copy of this document and any signature shall be considered for all purposes as the original signed release on file.

I certify that I have carefully read and do understand the above statements.

Applicant's Name (please print) _____

Applicant's Signature _____

Applicant's Social Security Number _____ Date _____