

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the Washington Student Achievement Council, I am required to furnish information for use in determining my qualifications. In this connection, I hereby authorize the Council to make inquiries regarding my education, work experience and references, unless otherwise stated below. I hereby release all parties and persons associated with any such inquiries from liability in connection with information they give.

A photocopy of this release form will be valid as an original thereof, even though the said photograph does not contain an original writing of my signature.

Comments: _____

Printed Name

Signature

Date