



Division of Human Resources
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AUTHORIZATION FOR RELEASE OF INFORMATION

This form will be utilized by the Division of Human Resources or other designated Montclair State University department official to check references and verify any or all of the information contained on the application form, resume or in the interview. **THIS FORM WILL ONLY BE USED IF YOU ARE SELECTED AS FINAL CANDIDATE.**

Your signature below authorizes without reservation any party or agency contacted by this employer to furnish information. Further, completion of this in no way constitutes an offer of employment.

Please Print All Information

Position for which you are applying: _____

Name _____
Last Previous/Maiden First Middle (full)

Current Address _____

City/State/Zip _____ **Date of Birth:** _____

Applicant's Signature _____ **Date** _____

May we contact your present employer? Yes/ No; if no why?

Have you ever been convicted of a crime? Yes No; if yes, please explain in the space below. Answering "yes" to this question does not necessarily bar you from employment with Montclair State University.
