

AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

I am a current or former employee of _____ (“Employer”). I hereby request and authorize Employer to release any and all information (which includes all information known about me by representatives of Employer but which may not be reduced to written or other tangible form) and documents regarding my employment and job performance (“Employment Information”) with Employer to the following persons or organizations (“Recipient”):

Name: Stillwater Public Schools
Address: 314 South Lewis, Stillwater, OK 74074
Phone Number: 405/533-6300
Fax No.: _____
Contact Person: _____

I understand that Employer will only release my Employment Information to the above-named Recipient upon receipt of this fully executed Authorization for Release of Employment Information (“Authorization”). **I UNDERSTAND THAT I AM NOT REQUIRED TO EXECUTE THIS AUTHORIZATION** and that if I do not execute this Authorization, my Employment Information may be protected from disclosure under federal and state law, including but not limited to, the Oklahoma Open Records Act and Okla. Stat. tit. 40 § 61 (2001).

IN CONSIDERATION FOR THE RELEASE OF MY EMPLOYMENT INFORMATION BY EMPLOYER, I HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS EMPLOYER, ITS AGENTS, REPRESENTATIVES, OFFICERS, BOARD MEMBERS, EMPLOYEES [AS DEFINED UNDER OKLA. STAT. TIT. 51 § 152(5)], AND ATTORNEYS, ASSIGNS AND SUCCESSORS, FROM ANY AND ALL CLAIMS, LIABILITIES OR CAUSES OF ACTION, RELATED IN ANY WAY TO THIS AUTHORIZATION OR THE RELEASE OF MY EMPLOYMENT INFORMATION TO THE RECIPIENT.

I WARRANT AND REPRESENT THAT I HAVE EXECUTED THIS AUTHORIZATION OF MY OWN FREE WILL and by executing this Authorization hereby bind myself, my heirs, legal representatives, successors and assigns forever. A fax copy of this release will have the same effect as the signed original.

Name: _____

SSN: _____

Date: _____

