



ORANGE COUNTY COMMUNITY COLLEGE
115 South Street
Middletown, NY 10940
845-341-4662

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

(Name of Company, Supervisor and Telephone No. to be Contacted)

As an applicant for a position with Orange County Community College, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, education, military and police records to ascertain any and all information which may be pertinent to my employment qualifications.

The release in any manner of any and all information by you is authorized whether such information is of record or not, and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

This authorization shall be valid for three months from the date of my signature below. You may retain this copy of my release for your files. Thank you for your assistance.

Signature _____

Date _____

(Type or print name below this line.)
