

**AUTHORIZATION TO RELEASE INFORMATION**

DGS OHR 18 (Rev. 03/2026)

**Applicant Name****Position Applied For****Authorization**

I hereby authorize a representative of DGS to review and make copies of the following items for employment purposes:

1. Conduct an employment reference check by contacting the references I provided, and my current and former employer(s) regarding my ability to perform my duties and my interactions with coworkers, management, and the public; and any other aspect of my past or current employment;
2. Verify information I provided during my employment interview or on my application/resume or Statement of Qualifications;
3. Examine, inspect, and/or copy any records reflecting my employment history, any information of a negative nature or adverse action, including records of my education, personnel history, and official personnel folder, relating to my application for employment;
4. Any and all other information requested regarding my current or previous employment; and
5. A B10 CLAS screen print.

I also authorize a representative of DGS to contact my former supervisors and other appropriate references to obtain information regarding my past job performance. Any information obtained through this release will be kept confidential by DGS. This authorization is valid for sixty (60) days from the date of my signature. Any photocopy of this authorization shall be as valid as the original.

**Signature****Date****Current Department or Employer****Current Department's Personnel Office Street Address (Street, City, State, Zip)****Supervisor's Name****Office Telephone Number****References**

List three references below. Include name, title, contact number and email address.

| 1. Name | Title | Phone Number | Email Address |
|---------|-------|--------------|---------------|
| 2. Name | Title | Phone Number | Email Address |
| 3. Name | Title | Phone Number | Email Address |