



Release and Authorization

In order to determine whether a candidate is suitable for a position, it is necessary to thoroughly review your complete employment and educational background. All current and past employers and educational institutes will be contacted once the offer of employment is being considered. Many employers, colleges, and universities will not provide a candid response unless there is an authorization and release of liability statement. Please carefully review the following paragraphs and sign and date the form below.

I, _____, hereby authorize University of Texas Health Science Center at Houston to contact any employer, law enforcement agency, state agency, institution or private information bureau that has any record or knowledge of my worker's compensation claims, motor vehicle operation history, or criminal history, in order to obtain or verify information on, but not limited to criminal, credit, driving, and education information. I hereby release University of Texas Health Science Center at Houston from any and all liability arising from the results of any investigation and the preparation of any reports concerning myself or my background. A photocopy of this authorization shall be valid as the original. Permission is granted for information to be released by any state agency.

I waive any provisions impeding the release of this information, and agree to provide any information necessary for the release of this information above and beyond that provided on the employment application.

Please complete the following information and fax to Human Resources at (713) 500-3124. If any questions, please call (713) 500-3193.

Full Name (please print)	Social Security Number	Date of Birth
Address		Driver's License # and State
City/State/Zip Code		Maiden Name (if applicable)
Signature		Date