

Authorization for the Release of Information

I hereby authorize the following organizations, individuals, and entities to furnish the company or its agents with any and all information and copies of records/transcripts pertaining to me, my activities, and/or my status for the purpose of possible employment with the company:

- Present and past employers
- Schools, colleges, universities, or other institutions of learning
- Law enforcement agencies and custodians of court records
- Branches of military service
- Drug Testing Agency
- Individuals who serve as references

I hereby hold harmless from liability the company and any other persons(s) or agency and their employees and agents who may provide or discuss pertinent information in conjunction with any background investigation conducted for purposes of my potential employment at Penn Hills Charter School of Entrepreneurship.

I understand that Penn Hills Charter School of Entrepreneurship will only use this information for employment reasons and all information will be kept in strictest confidence by Penn Hills Charter School of Entrepreneurship offices.

A machine copy of this authorization shall be considered as effective and valid as the original.

Please Print Clearly

Print Full Name: _____
Last First Middle

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State of License: _____

Other names used (including maiden name): _____

Current Address:

Address City State Zip Code

Phone (including area code): _____

Applicant's Signature: _____ Date: _____

CORE VALUES

WE believe in *Soaring to Success* by building strong
**Character, Academics, Relationships, and Entrepreneurs
for a life of leadership!**