



AURORA UNIVERSITY

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on my resume/application or on any document used to secure employment shall be grounds for rejection of my resume/application or for immediate discharge if I am employed, regardless of the time lapse before discovery.

I hereby authorize Aurora University to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize my former employers to disclose to the University any and all letters, reports, and other information related to my work record, without giving me prior notice of such disclosure. In addition, I hereby release the University, my former employers, educational institutions, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that if employment is gained under this application, I will be required to comply with all Aurora University rules and regulations.

I acknowledge that a facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

Signature of Applicant

Date

(Please print full name)

Last 4 digits (only) of SSN

Please list your current mailing address:

Street address

City

State

Zip Code

Please print maiden name, nickname or other names under which information may be recorded:

