

# *Oglala Lakota County School District 65-1*



## **AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION**

(Please read the following statements, sign below, and return to the Human Resources office.)

I, \_\_\_\_\_, hereby authorize a representative of Oglala Lakota County School District bearing this release to obtain any information from, past employers, criminal justice agencies, or individuals, relating to my application. This information may include, but is not limited to, performance, attendance, professional history, disciplinary, and felony or misdemeanor criminal records, including arrest and convictions, unless prohibited by state or federal law. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by Oglala Lakota County School District and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)