

STATE OF SOUTH DAKOTA
South Dakota School of Mines and Technology

AUTHORIZATION OF RELEASE OF INFORMATION

For Reference Checks

TO WHOM IT MAY CONCERN:

I have applied for a position with the State of South Dakota at the South Dakota School of Mines and Technology. I authorize investigation of all information as may be necessary in arriving at an employment decision. I authorize the State of South Dakota, South Dakota School of Mines and Technology, or its representatives, to contact any professional reference, current or former employer, education-provider, or other collateral source for job-related information. I release the organizations and individuals supplying such information from any and all liability or damages for providing the information requested.

A photocopy or fax of this authorization shall be as valid as the original. This authorization expires 60 days from the date of my signature.

Signature

Name (Please Print)

Social Security Number

Date