

AUTHORIZATION TO REQUEST REFERENCE INFORMATION

I have made application for a position with The Master's Academy. I authorize The Master's Academy to inquire about my work and personal history and to verify all data given in my application for employment, related papers, and my oral interviews.

I authorize the release and giving of any information requested by The Master's Academy such as employment records, performance reviews, and personal references whether such information is favorable or unfavorable to me, criminal record check and fingerprinting.

I release any person, organization, or company from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I further waive the right to ever personally view any references given to The Master's Academy.

I further certify that I have carefully read and do understand the above statements.

Name of Applicant (Print)

Social Security Number

Signature of Applicant

Dated