



## Reference Release Form

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## Employee Release

I, \_\_\_\_\_, give permission for Intrust Healthcare to release information regarding my employment with the corporation such as dates of employment, salary verification, etc.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date