



Authorization to Release Information

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| Full Name (First, Middle, Last): | |
| Former Name (List any other name that you may have been known by including maiden names): | |

I hereby authorize verification of all information provided to Willow Point Rehabilitation and Nursing Center in my employment application and supplemental forms including employment and educational history. I authorize organizations and individuals I provided as employment references to disclose information regarding my employment history including job title, dates of employment, character of service, and eligibility for re-hire. I authorize organizations and individuals I provided as personal references to provide information regarding my relationship to those references, length of time known, recommendation for hire and character. I hereby release from liability the employers, corporations, organizations and individuals, including their representatives for furnishing requested information. I understand that this information is being obtained in order to make an employment decision with Willow Point Rehabilitation and Nursing Center.

Signature

Date