

CONSENT FOR RELEASE OF INFORMATION TO EMPLOYER

I hereby consent to the duly authorized representative of the University of San Francisco to contact any of my former employers, any of the educational institutions that I have attended and any other persons or organizations whom it determines might have information relevant to my application for employment here. I further consent to those persons or organizations divulging relevant information to the University of San Francisco notwithstanding that it might otherwise be confidential, such as records of disciplinary proceedings. I understand that any falsification of this application may be cause for dismissal if I am employed.

Applicant Signature

Date: _____

Applicant's Name (Print)