

Authorization of Information Release

This form authorizes your current and previous employers to provide the University of California with information regarding any Substantiated Allegations of Misconduct, as permitted by California Education Code Sections 92612.1 and 92612.2.

The purpose of this authorization is to permit the University of California to obtain and evaluate such information for employment.

For purposes of this Authorization, Substantiated Allegations means an allegation that has been sustained based upon a burden of proof of at least a preponderance of the evidence. Misconduct means any violation of the policies governing conduct at an applicant's previous place of employment, including, but not limited to, violations of policies prohibiting sexual harassment, sexual assault, or other forms of harassment or discrimination, as defined by the previous employer.

Authorization

By signing this form, I authorize the responsible office(s) at my current or prior institution(s) where I have been employed, to release information to the University of California related to any Substantiated Allegations of Misconduct (including sexual harassment) policy violations attributed to me.

This authorization includes release of information of a confidential or privileged nature, or any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding, involving disciplinary matters.

Should an institution provide information on an incident of misconduct, I will be informed and allowed to provide information in response.

Submission of this form does not necessarily mean that my current employer will be contacted immediately. Campuses will determine the timing of contacts with previous employer(s) in accordance with [APM - 500](#) and local implementation procedures.

Previous Names Used for Employment Records (if applicable)

The following are other name(s) that appear on personnel and/or academic records at my current or prior employer(s) which may differ from the name that appears on my University employment application:

Previous Name:

Employer:

Previous Name:

Employer:

Release of Liability

I hereby release, discharge, and exonerate (1) the University of California, its agents and representatives and (2) any institution or employer where I am currently, or have in the past been, employed, or any individual acting on behalf of such institution or employer, furnishing information to the University of California, from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information. This release shall be binding on my legal representatives and successors.

Applicant Certification

This authorization is valid for 365 calendar days from the date of my signature. A photocopy, digital signature, or PDF of this release is to be considered as valid as an original.

By signing below, I acknowledge that I have read and understand this Authorization of Information Release Form.

Printed Name:

Signature:

Date: