



## AUTHORIZATION TO RELEASE INFORMATION

I hereby request you to provide complete information on my employment history, including performance evaluation forms, to RELCO SYSTEMS INC.

By this request, I hereby release you from any liability in connection with this request and further agree to hold you harmless from any and all claims I might have as a result of your providing such information to the employer named above.

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Print Name

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Social Security #

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Signature

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Date

*Please sign and return with application.*