

Release Form

The Superintendent and other persons designated by the Superintendent are authorized to do the following: Disclose Information/Release of Claims/Indemnity documents. My signature below constitutes the Superintendent and other persons designated by the Superintendent to release my employment, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize M.S.A.D. #68 to release any information in connection with my employment application to fully provide any information. I expressly waive in connection with any release of information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against M.S.A.D. #68, its agents and officials.

Signature

Date