



COLLEGE OF MEDICINE
THE UNIVERSITY OF TOLEDO

AUTHORIZATION TO RELEASE INFORMATION

I have accepted a conditional offer of employment with The University of Toledo (UT) and hereby specifically authorize and permit The University of Toledo and its principals, employees, agents, servants, and contractors to contact character references, former employers, law enforcement agencies, courts of law, federal, state and local regulatory agencies, and schools to obtain information from such sources about me. I understand that any investigation into my background may include reference to any information which is a matter of public record (for example, criminal convictions, traffic offenses, and lawsuits). I hereby waive any rights of action I may have against The University of Toledo and its employees, agents, servants, and contractors in connection with the obtaining and/or reporting of such information for purposes of determining my eligibility for employment. I further authorize The University of Toledo to conduct pre-employment drug testing, physical examinations, and/or psychological examinations to determine my suitability for employment.

This release is executed with full knowledge and understanding that the information is for the official use of The University of Toledo. I understand that this form may be photocopied and sent to Police Departments, employers, etc., as deemed necessary by Human Resources and the UT Campus Police Department. I further understand that information obtained from any job related and behavioral tests will also be evaluated when making final hiring decisions.

Consent is also hereby granted to release requested information to the UT Campus Police Department. I hereby release you as the custodian of such records, both individually and collectively, from any and all responsibility or liability for damages of whatever kind, which at any time may result to me, my heirs, family, or associates, because of compliance with this authorization and request to release information or any attempt to comply with it.

I understand that in signing this release I will be authorizing The University of Toledo to make inquiries into my personal, educational and work history. I also understand that a conditional offer of employment may be withdrawn based on the information obtained in such inquiries and tests, and also based upon the results of a pre-employment drug screen, physical examination and/or psychological examination as applicable.

Printed Name: _____

Social Security #: _____

Date of Birth (month/day/year): _____

Residency Program: _____

Signature: _____

Date: _____