

AUTHORIZATION FOR RELEASE OF INFORMATION/ PRIVACY ACT NOTICE



A FAMILY FOR EVERY CHILD
880 Beltline Road – Springfield, OR 97477
(541) 343-2856 / (541) 343-2866 FAX
www.afamilyforeverychild.org

PLEASE READ THE DISCLOSURE BELOW: SIGN AND RETURN WITH YOUR APPLICATION MATERIALS.

In signing this consent form, you are authorizing A Family For Every Child to request information from the sources you are providing for verification purposes. A Family For Every Child will not sell nor solicit your private information to outside sources. This authorization is valid for five years from the signature date below.

I hereby authorize all former employers, persons, educational institutions, law enforcement agencies and military services to release information related to my work record or in reference to information provided and release them from any liability or responsibility from doing so. I understand that omitting or giving false pre-employment information is reason for disqualification or dismissal and that an offer of voluntary placement is subject to verification of employment history satisfactory to *A Family For Every Child*. www.afamilyforeverychild.org. I understand that this request is due in part because of the business partnership contract between *A Family For Every Child* and the *State of Oregon – Department of Human Services*, primarily *Child Welfare*.

Signature: _____

Date: _____

Printed Name:
