Authorization to Release Information

By signing below, I, _____, hereby
print full name
voluntarily authorize Rubidoux Community Services District or designated outside vendors to contact all former employers, school officials, and persons named as references. I understand any information provided to Rubidoux Community Services District will be considered confidential in nature and I hereby release all employers, schools and individuals from any liability for any damages whatsoever resulting from giving such information.

Applicant Signature: _____ Date: _____

Social Security Number: _____

Date of Birth: _____