**ARLINGTON CHRISTIAN ACADEMY**

**9801 Arlington Church Road**

**Charlotte, North Carolina 28227**

**(704) 545-4589**

**AUTHORIZATION TO RELEASE REFERENCE INFORMATION**

I have made application for a position as with Arlington Christian Academy. I have authorized the school to thoroughly investigate references, evaluations, education, and other matters related to my suitability for employment.

I authorize references and my former employers to disclose to the school any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure.

In addition, I hereby release Arlington Christian Academy, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I waive the right to ever personally view any references given to Arlington Christian Academy.

I certify that I have carefully read and do understand the above statements.

Applicant’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_