



## SANTIAGO CHRISTIAN SCHOOL REFERENCE RELEASE AUTHORIZATION FORM

I have applied for a position as a teacher at **Santiago Christian School**. I have authorized the School to thoroughly investigate references, work records, evaluations 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 **Santiago Christian School**, 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 **Santiago Christian School**.

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

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Applicant's Name (Print)

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Applicant's Signature

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Date

