



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DANIEL STALEY
DIRECTOR

CONSENT TO DISCLOSE INFORMATION FOR REFERENCE CHECKS

I hereby request and authorize _____, acting by and through designated representative, to provide information concerning my prior or current employment at _____ to anyone conducting a reference check for potential employment.

I expressly authorize _____ to provide information, either verbally or in writing, concerning my job duties, job performance, interpersonal skills, performance evaluations, salary history or related information as appropriate, to respond to inquiries concerning my employment with _____.

I hereby acknowledge that _____ is disclosing the above information at my express request and that I will make no claim whatsoever against its agents and/or employees arising out of disclosure if such information regarding my employment by _____ or its representative(s).

Candidate Signature

Date

Printed Name

Last 4 digits of SS#