

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for the position of _____ with the University of Maryland, College Park (the University), I am required to furnish information for use in determining my qualifications. For this purpose, I authorize the release of information (described below) requested by the University concerning any employment-related misconduct that has been substantiated or is currently under investigation. I understand the University will not request information authorized by this release unless I am a finalist, a candidate for a position to whom the department or hiring unit would like to extend a formal offer of appointment, for an academic appointment.

If I am currently being investigated or have been found to have violated any of my current or previous institution's policies governing faculty conduct, including but not limited to findings or pending investigations related to sexual misconduct, violence, or harassment; research misconduct; financial fraud or misconduct; foreign engagement violations, grant misuse or misconduct; findings or pending investigations with state professional licensing boards, associations, or other such bodies; and/or any other type of finding or pending investigation relating to your current or previous employer's policies and rules governing faculty, this signed form allows my current or prior institution(s) to share that information with appropriate administrative officials at the University of Maryland, College Park.

This authorization includes release of information of a confidential or privileged nature, or any data or materials that have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters. Should an institution provide information regarding a current investigation or a finding of substantiated employment misconduct, I will be informed and allowed to provide information in response.

I hereby release, discharge, and exonerate the University, its agents and representatives and any person furnishing information to the University, from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information. This release shall be binding on my legal representatives and successors.

This authorization is valid for 365 days from the date of signature. A photocopy of this release is to be considered as valid as an original.

Printed Name

Signature

Date