



BROWN

**FORMER EMPLOYEE REFERENCE RELEASE AUTHORIZATION FORM**

Employee Name:

Position Title:

Department:

Date of Hire:

Termination Date:

I authorize Brown University to provide prospective employers with a verbal and/or written reference relative to my work performance at Brown University:

*Check the appropriate box:*

- ☐ A Verbal Reference
- ☐ A Written Reference
- ☐ A Verbal and Written Reference

By signing this authorization, I understand that I release all employees, agents, and representatives of Brown University from any and all claims and damages resulting from any and all claims and damages resulting from the same.

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Employee's Signature

*Please email the completed form to: [employeeandlaborrelations@brown.edu](mailto:employeeandlaborrelations@brown.edu)*