BROWN

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 the same.

_____ _____

PRINT FULL NAME DATE

_____

Employee's Signature

*Please email the completed form t*o: employeeandlaborrelations@brown.edu