

**Authorization of Information Release**  
**October 10, 2024 – issuance**  
**March 31, 2025 – reissuance (supersedes 10/10/2024 issuance)**  
**May 15, 2025 – Revision**

I authorize the release of information requested by the University of California concerning any Misconduct, as defined below, attributed to me.

The purpose of this release is to permit the University of California to evaluate such information for employment.

This signed release form authorizes the responsible office(s) at my current or prior institution(s) where I have been employed, to share information related to any substantiated allegations of Misconduct (including sexual harassment) policy violations attributed to me with the University of California.

For purposes of this Authorization,

**Misconduct is defined as:**

- Any violation of the policies or laws governing conduct at a candidate’s previous place of employment, including, but not limited to, policies or laws prohibiting sexual harassment, sexual assault, or other forms of harassment or discrimination, as defined by the previous employer.

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

The following are other name(s) that appear on personnel and/or academic records at my current or prior employer(s) which may differ from the name that appears on my University employment application:

Name	Employer
_____	_____
_____	_____
_____	_____

**I hereby release, discharge, and exonerate (1) the University, its agents and representatives and (2) any institution or employer where I am currently, or have in the past been, employed, or any individual acting on behalf of such institution or employer, 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 calendar days from the date of signature. A photocopy, digital signature, or PDF of this release is to be considered as valid as an original.

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**Print Name**

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**Signature**

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**Date**