

AUTHORIZATION FOR RELEASE OF INFORMATION (EXCLUDING MEDICAL INFORMATION) BY PRIOR EMPLOYERS

I, _____, (print name) hereby authorize
_____ (insert name of prior employer) to release to the
Burlington County Department of Human Resources any information or records
that may be requested relating to my employment history, excluding medical
records and/or medical information.

Applicant's Name

____ - ____ - ____
Social Security Number

Signature

Date