



HUMAN RESOURCES
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AUTHORITY TO RELEASE INFORMATION

PLEASE READ THE FOLLOWING
STATEMENT CAREFULLY

I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, personnel technicians, and other authorized employees of the state government for the purpose of determining my eligibility and suitability for employment with the Southern University System.

Signature

Date

Print Name

Department