



OREGON DEPARTMENT OF CORRECTIONS
Request and Authorization to Release Information,
Release of Liability and Claims, and Covenant Not to Sue



TO WHOM IT MAY CONCERN:

I, the undersigned, have applied for employment with the State of Oregon, Department of Corrections. I voluntarily request and authorize you to furnish to the Oregon Department of Corrections any and all information you may have regarding my employment, including but not limited to, evaluations or assessments of my job performance.

You may be furnished with an Employment/Volunteer or Personal Reference Questionnaire Form used by the Oregon Department of Corrections to elicit and verify information related to my suitability for employment. I voluntarily request and authorize you to provide the information requested on the form, and return the completed form to the Oregon Department of Corrections, or to participate in a phone or in-person interview with a representative of the department in which you provide the information requested on the form to the department's representative.

In consideration of your cooperation with this request, I hereby voluntarily agree to unconditionally release and discharge you and/or the successors, employees, officers and directors of your agency and/or organization from all claims, liabilities and causes of action, known or unknown, fixed or contingent that arise from or that are in any manner connected to any information regarding my employment, including, but not limited to, evaluations or assessments of my job performance and/or good faith expressions of opinions regarding my job performance. This release includes, but is not limited to, claims of defamation, libel, slander, negligence, or interference with contract or profession. I further voluntarily agree not to sue the State of Oregon, Oregon Department of Corrections, you, and/or any and all other persons employed by or connected with your agency/organization as a result of the furnishing of any information regarding my employment, including good faith expressions of opinion regarding my job performance, to the Oregon Department of Corrections.

I am aware and understand that the information and good faith opinions regarding my job performance furnished to the Oregon Department of Corrections pursuant to this voluntary request will remain confidential with the department if requested by you, and will not be disclosed to me or any other person, except as required by law.

I acknowledge that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of my choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person.

This release sets forth the entire agreement between you and your agency and/or organization and me, and I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this document.

Applicant's Name (Please Print) Social Security Number

Applicant's Signature Date