



STATE OF MARYLAND
MILITARY DEPARTMENT
FIFTH REGIMENT ARMORY
BALTIMORE, MARYLAND 21201 - 2288

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize the release of information concerning my
Applicant Name

former employment history, electronic records, academic credentials, and any other job-related personal information to the Military Department. I also grant permission to the Military Department to contact the appropriate person and/or organization and my personal references regarding the above information.

I understand that the consequences of providing false, fraudulent, or inaccurate information may include, but are not limited to: non-selection, decertification, notification to the Executive Director, Office of Personnel Services and Benefits, and termination of employment.

You may ___ may not ___ contact my current employer prior to my being selected for this position.

Signature

Date