AUTHORIZATION TO RELEASE RECORDS

I, _____, authorize previous employers to give and release any information regarding my employment together with any information they may have regarding me, whether or not it is in their records, unless I have otherwise indicated below, including but not limited to personnel files, as well as any and all documents, files, paperwork, reports, emails or records re: complaints, allegations, misconduct, investigations, corrective action, discipline, separation agreements and/or improvement plans. Where applicable, if any part of this request is denied or redacted, please set out the exact statutory citation authorizing the denial as required by Fla. Stat. § 119.07(1)(d).

Applicant Signature:_____Date:_____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this_____ day of_____ 20_____, by _____.
(Name of Applicant)

☐ who is personally known to me or

☐ who has produced _____ as identification.
(Type of Identification)

_____
(Signature of Notary Taking Acknowledgement)

_____
(Name of Notary typed, printed or stamped)