Quincy College AUTHORIZATION TO RELEASE EMPLOYMENT DATA AND RELEASE OF LIABILITY

I, ______ hereby request and authorize Quincy College to release the following information concerning my employment history with Quincy College to the party identified on page two: (Check the box(es) for the information which you would like to be released.)

- Current/Last salary amount (yearly)
- Dates of employment
- Last position held at Quincy College
- Any/all employment related records

I hereby acknowledge and agree that Quincy College shall have no responsibility for the accuracy of the information provided pursuant to this Authorization and Release Agreement.

For good and valuable consideration, the sufficiency of which I do hereby acknowledge, I do hereby covenant not to sue and waive, release and forever discharge Quincy College and the City of Quincy, and their respective employees, agents, board members, officials, servants, volunteers, and representatives (hereinafter collectively referred to as "the released parties"), and others for whom the released parties may have legal responsibility, from and against any and all actions, claims, demands, causes of action, responsibility and liability for injuries, losses or damages, including but not limited to any and all personal injury, bodily injury, and/or property damage, which I may have had in the past, may now have, or which I may have in the future, arising in any way, directly or indirectly, from any act or omission in connection with the collection, maintenance, or conveyance of any employment information pertaining in any way to me by Quincy College and/or the reuse of any such information by a third party to whom such information has been disclosed.

For good and valuable consideration, the sufficiency of which I hereby acknowledge, I do hereby agree to indemnify and hold harmless, including the costs of defense, the released parties, and others for whom the released parties may have legal responsibility, from and against any and all actions, claims, demands, causes of action, responsibility and liability for injuries, losses or damages, including but not limited to personal injury, bodily injury and/or property damage, which arise in any way, directly or indirectly, from any act or omission in connection with the collection, maintenance, or conveyance of any employment information pertaining in any way to me by Quincy College and/or the reuse of any such information by a third party to whom such information has been disclosed.

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I hereby acknowledge that I am eighteen (18) years of age or older, have had full opportunity to read and review this Authorization to Release Employment Data and Release of Liability and understand its contents. I execute this Authorization to Release Employment Data and Release of Liability voluntarily and freely.

THIS IS A RELEASE OF CLAIMS AND WAIVER OF LIABILITY – READ IT CAREFULLY BEFORE SIGNING!

Employee Signature		Date
Print Employee Name		
To be released to:		
Company and/or Individual Name:		
Address:		
City:		
Zip Code:		
Attention to:		
Fax Number:		
In the form of: (Please check) \Box Mail or \Box Fax		
Please forward completed Authorization form to: Quincy College Human Resources 1250 Hancock Street Quincy, MA 02169 Phone 617-984-1611, Fax 617-984-6695		