



AUTHORIZATION FOR RELEASE OF INFORMATION

I (Employee Print Name) _____,
hereby authorize Pinal County to furnish my employment record, reason for
leaving, job performance and all information they may have concerning me
to any potential employer who contacts them for an employment reference.

I hereby release Pinal County and my potential employer from, all liability
for any damage whatsoever arising from the provision of a good faith
reference under the provisions of A.R.S.23-1361.

Employee Signature:

Date:

Witness Signature:

Date:

Witness Print Name: