

SPRING BRANCH ISD

Human Resources

AUTHORIZATION APPOINTMENT, AND RELEASE

PERSONNEL INFORMATION (EXCEPT MEDICAL RECORDS) RELATING TO MY CURRENT OR PAST EMPLOYMENT

I hereby authorize and appoint the Spring Branch Independent School District as my authorized representative and designated representative to have and exercise my special right of access beyond the right of the general public under Texas Government Code section 552.023 (a) to obtain any personnel information under Texas Government Code section 552.102 (except medical records) held by any independent school district or company at which I am currently employed or have been employed in the past. This authorization and appointment does not apply to medical records, including a record of the identity, diagnosis, evaluation, or treatment of a patient by a physician that are created or maintained by a physician.

I hereby authorize the Spring Branch Independent School District to use this document to obtain from my current or past employer any personnel information, employment records, or other information, written or oral, relating to my qualification for employment and job performance. My signature below indicates my request and authorization to any current or former employer of mine to disclose information about my job performance to Spring Branch Independent School District pursuant to Chapter 103 of the Texas Labor Code. **I release all of my present and former employers and those individuals I have listed as personal references from any and all liability for damages arising from furnishing the requested information.**

I understand that any information obtained by Spring Branch Independent School District will be considered in determining my suitability for employment by Spring Branch Independent School District.

A photocopy of this form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

PRINT FULL NAME: _____
(Include maiden name if applicable)

SOCIAL SECURITY NUMBER: _____

APPLICANT'S SIGNATURE: _____

DISTRICT USE ONLY:

District Representative or Designee