



AUTHORISATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION

(Please read the following statements, sign below, and return to the Human Resources office.)

I, _____, hereby authorise my prior My School ITALY, to release any and all information relating to my employment with them to My School ITALY I further release and hold harmless both _____ and My School ITALY from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

Signature of Employee

Date

(Employee's Name - Printed)

Email: