

**WINONA STATE UNIVERSITY**  
**AUTHORIZATION FOR REFERENCE CHECKS**

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(WSU position applied for)

In order to further my evaluation as a candidate for employment with Winona State University (WSU), I hereby authorize all individuals I have listed as references, and others who have knowledge about my qualifications for employment to provide information about any and all aspects of my work performance or job-related qualifications as requested by authorized representatives of WSU.

I understand that some of the information that WSU may request may be classified by law as private and cannot be disclosed without my written consent. This authorization permits written and oral disclosure of information about my professional and personal work-related qualifications, even if it is classified as private. The information obtained will be used by WSU to evaluate my qualifications for employment.

Unless limited below, this authorization includes individuals who have knowledge of my qualifications regardless of whether I have listed them as references.

Note: This form does *not* authorize the disclosure of medical information or college/university transcripts, which may be authorized by separate procedure, where applicable.

This authorization specifically includes, but is not limited to, disclosure (including copies if requested) of information that may be contained in the following:

- Written evaluations conducted before separation of employment;
- My written response(s) to evaluations contained in my personnel record;
- Written reasons for separation from employment.

Please list any limitations in the authorization (for example, information not to be released or individuals you request not be contacted, including current employer) but **do not** include reasons:

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Optional: If desired, a brief explanation of any limitations listed above may be supplied separately to the WSU Affirmative Action Office.

This authorization is valid for one year from the date below or until the purpose has been fulfilled, whichever occurs first. This authorization may be withdrawn by notifying the Chair of the search committee or Human Resources Office in writing, but such withdrawal does not affect the validity of disclosures made prior to withdrawal notice.

I understand that I am not legally required to sign this authorization, but if I do not do so, WSU may be unable to adequately evaluate my qualifications for employment.

A photocopy of this release is valid for all purposes as an original.

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Signature

Date

Print Name

Return to: Affirmative Action Office, Winona State University, PO Box 5838, Winona, MN 55987. Thank you.